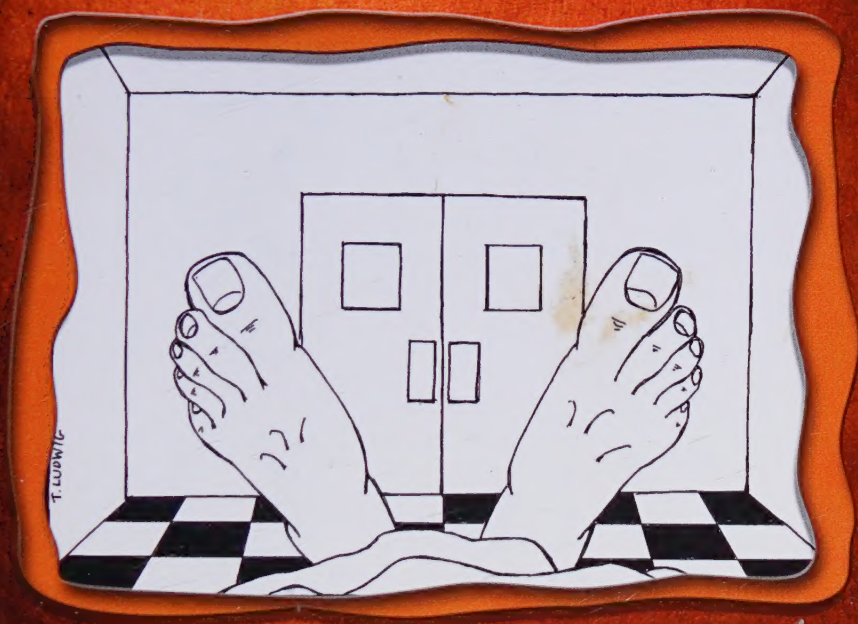
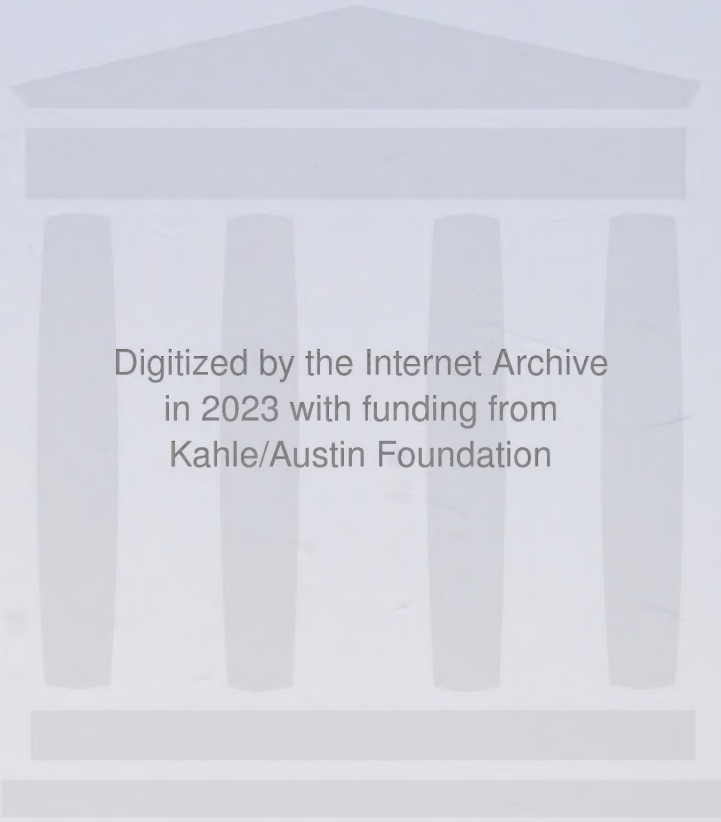


See You in CCU

A lighthearted Tale of My Open-Heart Surgery



Steve Ludwig
Illustrated by Tom Ludwig



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See You in CCU

Dear Stephanie ~
Thanks for being such
a loving part of Sue's and
my life.

...And thanks for being
a part of my story!

Love,

Steve Koko
(Love also to
Allegra &
Anthony)

See You in CCU

A Lighthearted Tale of My Open-Heart Surgery

**Steve Ludwig
Illustrated by Tom Ludwig**

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This book is dedicated to my wife, Susan.
Without Sue, I wouldn't be alive.
(But I'd probably have more hair.)

Hi, dear reader. My name is Steve Ludwig. My wife is Sue. No kids. I'm a teacher, and Sue's a nurse.

When I was fifty-two years old, I had open-heart surgery to repair what was officially called coronary artery disease. Has a nice little rhythm to it, no?

I didn't have a heart attack; I had clogged arteries. Five of 'em, as a matter of fact. Yup, I had quintuple bypass.

To get there, among other things, I had my ribcage sawed apart down the middle then wired back together and my chest stapled shut.

Throw in a few tubes stuck in every orifice you could imagine; being morphined out for forty-eight hours; having my doctor literally massage, by hand, my dangerously swelling heart to get it beating again during the procedure; being constipated for more than a week; spending sleepless night upon sleepless night in unbearable pain; bursting into uncontrollable fits of crying for no good reason at all. And a lot of people might feel there's nothing funny about that.

But I prefer to think it all depends on how you look at it.

ONE

A HEARTY HELLO

So I lay on the table in the holding room. Dr. David Landers, a cardiologist, was going to perform an angiogram. That's when they take pictures of the arteries of the heart. It'll tell him what has to be done.

Before reading the results of the angiogram, there were five possible options for me:

- (A) I would live to be 150 and regrow hair on my head, or
- (B) nothing at all would have to be done, or
- (C) an angioplasty would be performed, or
- (D) a stent would be inserted, or
- (E) I would have to have open-heart bypass surgery.

"Um, I'll buy a valve—I mean a *vowel*, Pat. I'll choose letter A."

"Uh, no, sorry, no A's for this one."

Of the remaining choices, I had already had an angioplasty nine years earlier. With an angioplasty, a wire thing is inserted into the femoral artery. It winds its way up into the heart's arteries, and a kind of balloon opens up and pushes all the gunk against the artery walls to clear a path for better blood flow to the heart. You're awake during the procedure (although pleasantly sedated), and it doesn't hurt one bit. It's actually pretty neat. The doctor wants you awake during the procedure so you can tell him if anything feels weird—that is, besides the wire thing snaking through your arteries, right? And you get to watch the

whole thing on the monitor. The coolest part is when they inject dye into you. My doctor at the time had told me that when the dye travels through my veins, I'll get a warm feeling. He said it's kind of like my first kiss. Between you and me, it was actually *better* than my first kiss. I missed the girl's lips, it was awkward, and—oh well, where was I? Oh right, the angioplasty. Anyway, as I was saying, another angioplasty was one of the options.

The only other option, which I regarded as the worst-case scenario, would be a heart stent. For this, they insert a sort of wire mesh device that, like the balloon, pushes the plaque against the artery walls. But the stent stays in there, whereas the balloon is removed in an angioplasty. The stent is a more serious option than the 'plasty. This is the one I figured I *might* have to have.

As silly as this sounds to me now looking back, having open-heart bypass surgery *never* entered my mind. But that's the verdict I got after Dr. Landers studied the results of my angiogram.

He was tremendous breaking the news to me. First, he let me know I had clogged arteries—one with a 99 percent blockage, another of 90 percent, 80 percent, and two with 60 percent blockages. He told me that I had not had a heart attack and that my heart muscle was strong. Then he told me, "You'll need open-heart bypass surgery. But don't worry, you're going to do fine. The procedure is very common and it's quite routine. You have nothing to worry about."

With that, he put his hand on my arm and sympathetically squeezed it. And from that moment on until my operation two mornings later, I did not worry for a second.

This caring, gentle bedside manner displayed by Dr. Landers would be repeated by so many others throughout my stay in the hospital, from the other doctors, to the nurses, to the volunteers who brought me my meals. To this day, if it hits me a particular way, my eyes still tear up when I think of how lucky I was.

So I asked Dr. Landers if he would tell Sue the results and to please break it to her gently. He told me he already did and she'd be right in.

If you know Sue, you can tell when she tries to put on a brave face. She had on one of those looks as she entered the recovery room.

"You need open-heart surgery, Lud." (She's called me Lud since high school, where we met, but we didn't date until after graduation.)

I could tell she was worried. Being a nurse, Sue's seen her share of things not always working out as planned. But she was a trooper.

"Dr. Landers said your heart's strong and you'll be like new afterwards."

"Oh, I know. I'm not worried, hon." And like I mentioned earlier, I really wasn't.

Sue later told me that when she tearfully called her friends at her job at Holy Name Hospital to tell them of my fate, it was Maria Ekiert who answered the phone. In tears, Maria then passed the news on to Johanna Marto, who in turn tearfully shared the news with everyone else. All those tears! Let's everyone calm down! But naturally, they knew things I didn't; they knew the danger and risk involved. It seemed I was the only poor slob with no clue!

But I started to catch on. For the rest of that first night and all the next day, Thursday, leading right up to my operation on Friday morning, I would get all these "brave face" looks from a number of the hospital workers—people in the know. Deep down, just from their looks, I knew this was a much more serious undertaking than I was willing to admit. I never could have imagined what I was in for!

However, Dr. Landers had assured me I'd pull through, that I'd live to see Saturday—and that was good enough for me. Of course, when he told me open-heart surgery was nowadays considered routine and common, he was talking about it being that way for the *surgeons*. How 'bout us poor, unsuspecting victims—I mean, *patients*?

I also kind of figured I was in bad shape because they wanted to operate immediately that day. But because I had been taking blood thinners as part of my daily medications, my blood was too thin for them to operate right away. So they gave me something to thicken up the old blood in the hopes they could saw me open the next day.

But my blood still wasn't "fat" enough on Thursday, so I had to wait till Friday. Friday's date was December 8.

Every Beatles fan (like me) looks upon December 8 with a heavy heart. It's the day that the great John Lennon was murdered. Now of course, I had every intention of making it through the operation; but in sort of an abstract, detached way, I figured that if I *had* to die, it may as well be December 8.

TWO

NEVER SAY "DIE"

Thursday was pretty much simply a day for tests and keeping an eye on my blood, making sure it was thickening up enough for the big event. I was just lying around in my hospital bed, watching TV, totally naive to the shock my system was to receive in less than twenty-four hours.

I did learn a little something about the actual procedure of heart bypass surgery. The doctor doesn't remove the clogged arteries; just as the term implies, the clogged buggers are passed over with healthy arteries and veins taken from other parts of my body. As a matter of fact, those clogged arteries remain in my body to this day.

Now, which arteries and veins do they take to replace the sick ones? Please be patient; I'll take you through the procedure soon enough. Five months after my operation, I sent away for a copy of the procedure log from the Health Medical Records Information Department of Hackensack University Medical Center. So I'll tell you all the yummy, gory details in a little bit. And don't worry; I'll use layman's terms. After all, if anyone qualifies as a layman, I do. I lay in beds quite a bit throughout my hospital stay!

It was at two in the afternoon on this Thursday that they let me know the operation was a go for the following morning.

Sue came by right after her shift at her hospital. My younger brother, Tom, stopped by too. He pretty much listened while Sue and I spoke. Bill, the oldest brother of us three, would visit many times in the following days, checking up on his middle brother.

As I've mentioned before, I had absolutely no doubt that I'd pull through the operation. Like I've also said before, Sue has seen, through her experiences, people *not* pull through "routine" operations. Once again, she arrived with her brave face, but I could tell she was definitely worried. I mean, this could have been our last night together. And I couldn't have looked too cool. Because of the severity of my blockages, they kept a pretty close watch on my vital signs. I was hooked up to a bunch of important-looking machines.

Like all marriages, throughout our relationship we've seen what works and what doesn't work to make it last. Sue is better at some things than I am, so she does those things. And every once in a while, I actually found things that I was good at. Sue would rather have me take care of paying the bills. So much had happened so quickly in the last few days that we didn't have a chance to get many of our affairs in order. That night, Sue asked me about what I did when paying the bills—you know, what's the procedure and all. She said, "You'll be laid up at home and stuff." What she meant was, "If you die, what do I do with the rest of my life?" And she knew *I* knew what she meant. That was as close as we ever came to openly admitting I might not make it off the operating table alive. But we each kept up the charade. I explained to Sue briefly about paying the bills and finished with, "Bill knows, anyway. You can always ask him."

As visiting hours ended, Sue gave me a kiss on the cheek, kind of half-smiled, and said, "See you in the morning." Tom told me he and Sue would drive together in the morning. We all knew that already, but nobody could think of what else to say.

They left, and I just lay quietly in my bed. It was suddenly so hushed, eerily quiet. After a few minutes, one of my many great nurses stopped in and gave me a Valium. I'm sure she'd seen plenty of "nights before" and how nerve-wracking they could be on the family. I wished she could've caught up with Sue and Tom and given *them* each a Valium; I was more worried about the people who worried about me!

Soon enough, the pill did its job and took the edge off beautifully. Lying there peacefully, I had time to think back to a few days before and my emergency room adventure.

THREE

WHO, ME? GO TO THE EMERGENCY ROOM? YEAH, SURE

I had gone to the emergency room a few days earlier, on Tuesday. But if you'd kindly allow me a few minutes, I'd like to go back to the previous Friday first.

I had had a positive stress test on that Friday. As you probably know, in medical terms, "positive" is usually *not* the word you'd want to hear. I couldn't complete my treadmill portion of the stress test. I had this peculiar feeling while on the treadmill—an uncomfortable sensation creeping up my chest and into my throat. I couldn't even get through Level 1. The doctor in charge immediately stopped the treadmill and set up an angiogram for the following Wednesday. He told me to go home, do nothing but relax for the entire weekend (pretty much what a usual weekend was like for me anyway), and stay home from school on Monday, and maybe even Tuesday, if I didn't feel up to it. In the meantime, if I felt any pressure in my chest, I should go to the emergency room right away.

As soon as I got home and relaxed, that peculiar feeling disappeared. Cool! As a precaution, I stayed home from school on Monday but went in on Tuesday.

I've been lucky throughout my teaching career to have really good students—nice kids, typical, early teens. But on this day, I *did* find myself getting annoyed at the little things that normally wouldn't bother me.

I decided during my lunch break that I'd take a quick ride to Dunkin' Donuts and get my usual—a cup of tea and a blueberry muffin.

Driving back to school, listening to the *Twelve O'Clock Beatles Block* at noon on the radio, I felt as though my blueberry muffin was stuck in my throat and chest; only problem was, I hadn't gotten anything to eat this time, just the tea. *That feeling* was back, but this time there was pain to go along with it; my chest hurt. *Breathe in . . . breathe out . . . deep, deep breaths . . . c'mon, you'll be OK.*

As the Beatles Block was finishing up, I definitely wasn't feeling fab. I parked my car back at school and walked up the school steps. I was convinced of one thing.

Shit, I thought, *something ain't right*. I had *never* felt like this before.

I stood outside the school door, breathing in the cold December air. It froze as it passed my throat, into my aching chest.

As if on cue, my cell phone rang. It was Sue. How does she sense these things?

"How ya feelin', Lud?"

"Uh, all right. Not great, but OK."

That was all Nurse Sue had to hear.

"Go to the school nurse and have her call an ambulance!" she almost screamed through the phone.

But being the stubborn fool I am, I knew that wasn't gonna happen. I figured my dear wife was just overreacting; surely I could wait another day and a half till my angiogram.

Let's see . . . How can I convince her that it's not serious?

"I can't leave school now. I have too much work to do."

Nice try.

"I'm gonna call the school nurse myself!" Sue was hot and bothered.

"The nurse is out to lunch." Ha-ha, quick thinkin', Stevie-boy.

"Then I'll call Pat." Pat Capotorto was my principal.

"Gotta go!" I hung up. I can be a real idiot at times, and this time I was royally being one.

I had a few minutes before lunch was over and the kiddies would be lining up. I sat down on the top step outside the school. My cell phone rang again. It was—well, you know who it was.

"I called Dr. Welish," Sue said. "He said get right to the emergency room. *Immediately!*" Then she added, "I'm calling the ambulance now. Wait there for it. I'll meet you at the emergency room."

“Nope, I’ll drive myself home and you can pick me up and drive me yourself.”

I was being impossible. I didn’t feel I was in denial of how sick I was; I was just acting stupid.

“See ya!” I hung up. I was being a real you know what. I figured I’d call Pat from my car to tell him the story.

Just then, my friend and fellow teacher Maryanne Mulvihill walked up the stairs. You won’t find a kinder person than Maryanne. I told her the whole deal.

“I’ll drive you home,” she offered.

Oh, brother, here we go again. I just started walking toward my car.

“Just let Pat know!” I called over my shoulder. “I’ll see you tomorrow!”

Maryanne was only one of the many exceptional co-workers I have. Throughout my whole ordeal, they were some of the most caring, tremendous people anyone could know. I can never properly thank them.

I began my ten-minute car ride home. At this point, my only concern was to not have a heart attack while driving and swerve and kill somebody. I made it home; everybody on the streets survived.

I changed into a warm-up suit so, just in case, I could die more comfortably. Sue walked in the door. She was home. I knew I’d be OK. We drove to the emergency room.

I wouldn’t be home till nine days later.

Sue pulled up to the emergency room entrance of Hackensack University Medical Center.

Sue and I had a history with HUMC. A few years before this, we had been volunteers at the Tomorrows Children Institute at, what is today, the Joseph M. Sanzari’s Children’s Hospital branch of HUMC. Tomorrows Children cares for cancer patients who are under the age of eighteen. We would volunteer a couple of nights a week after work, doing little chores for the kids and their parents to take their minds off things for a bit, hopefully. Sue would hold the infants stricken with the disease in her arms until they slept, while their parents slipped off to catch a thirty-minute nap or perhaps take a quick trip home to freshen up. I would help the older patients with their homework, or we’d simply play cards, other games, or watch movies together. Sue and I would also take the pizza orders for Thursday pizza nights for the patients. So

depending on which patients you spoke to, I was either “teacher guy” or “pizza guy” and Sue was the “pizza lady.” After three years, we decided to take a break from the volunteering.

So now we found ourselves back at Hackensack University Medical Center. My clogged arteries and I got out of the car by the emergency room doors. Poor Sue instructed me, “Get inside.” She wasn’t going to take any more of my garbage. She parked the car.

Before I could even get in the doors, a friendly-enough-looking guy was there with a wheelchair.

“Chest pains,” I told him.

“OK, buddy.”

He immediately sat me in the wheelchair, and in we rolled.

It was like being pushed onto the set of a Hollywood movie. You know those scenes: everyone’s rushing back and forth, here and there; patients are all over the place. I wondered what the hell they were giving away in the emergency room today—so many patients! There *couldn’t* be *this* many sick people at 1:30 on a Tuesday afternoon!

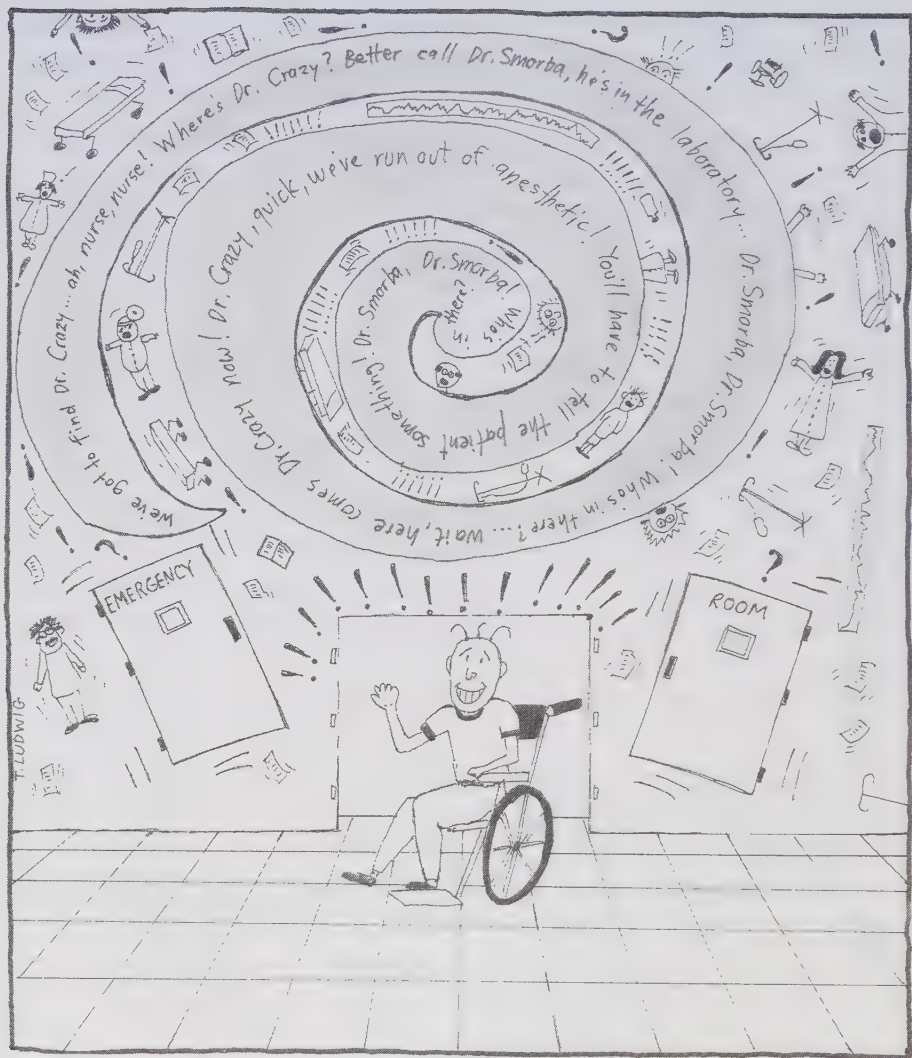
Every nurse seemed to be speed-walking. There’s no way they can tend to everybody, I told myself. Good thing I have chest pains; they’ll take me right away. My wheelchair driver dodged carts and tables; he’d done this many times before. Ahhh, nice to be riding with an experienced driver.

He expertly got me to the nurses’ station. My arteries screamed for help.

“This gentleman’s got chest pains,” my driver announced. I instinctively looked around for a gentleman then realized he was talking about *me*.

“Good luck, pal.” He patted my shoulder and left me sitting there in my little wheelchair. The nurse at the desk walked away briskly, obviously to find me a cubicle in this crowded emergency room. I wondered where Sue was. I looked around. The scene brought to mind a novelty song from the Sixties, starring Dr. Ben Crazy.

Where the hell are they gonna put me? There were patients sitting on folding chairs, patients in work uniforms, patients in shirts and ties, patients in dresses (some of them women), patients who weren’t very patient. No beds were available *anywhere*. I almost felt guilty that I’d be given a bed before them.



So there I sat, in the midst of all this, by the vacated nurses' station. I was in the middle of an aisle, so I tried to maneuver my wheelchair out of the way. I banged right into a bed with a woman in it; she looked at me and didn't seem to mind. I just kind of nodded at her, and she shrugged back. I felt like a dope. Ralph Kramden might've called me a "stupid moax."

"Chest pain" is the magic phrase, I kept telling myself. That's how I'll get a bed. "Chest pain . . . chest pain . . ." Two nurses scrambled behind the desk. Finally! I held out my insurance cards, but the nurses ignored me and ran away. I wondered if anyone had heard my wheelchair guy tell them I had chest pains. Or maybe one nurse thought another was already taking care of me. I didn't want to be a pain in the ass because obviously, everyone was busy helping each other, but I felt like a forgotten man. They were impossibly understaffed; I didn't want to interrupt anybody.

Oh yeah, and where the hell is Sue?

I saw a nurse walking toward me. "I have chest pains," I offered.

"OK, sir," she said, and she kept right on walking past me.

Shit, I thought, *what do I do now?*

My wheelchair guy pushed another patient up to the nurses' station.

"Still here?" he asked. I wanted to answer "No, I'm actually not here anymore," but it wasn't his fault they were so busy. I was just being a crank. Besides, he was gone before I could've gotten the words out.

I was getting annoyed. This kind of stress *can't* be good for a heart patient.

Where's Sue?

A minute or so later, a nurse whom I hadn't seen before stepped up to the computer and asked the newly arrived wheelchair patient *her* name! What the . . . ?

Sorry, new girl, but I had to speak up. "I haven't been checked in yet." I reached out my insurance cards again. They were ignored.

"We don't need those yet. Let's get you to the bed first."

With that, she wheeled me to an unoccupied cubicle and put me on a stretcher. What, did they just *build* this cubicle? Where'd they find it?

It was then I realized that they had been working feverishly all the while to find me a bed. Apparently, they'd been assessing me from afar; admittedly, I didn't look like I was in much distress.

Dr. Paul Andrews, a brilliant cardiologist whom Sue knew from her hospital, tended to me. After a brief examination, he knew exactly what tests to run. He gave me a sedative, and I calmed down considerably.

Perpendicular to the foot of my bed, another bed was placed, with a guy in his street clothes lying in it. Forget about privacy in this crowded place. As his nurse asked him questions, I found out he had taken drugs at a party the night before and he started feeling funny over drinks at lunch this day.

"My wife's in the waiting room," I told the nurse.

"Yes, we know. We already told her we'd come for her once you were settled. Someone will send for her." Amidst all this controlled chaos, they had even taken care of that. I never should have doubted the efficiency of these nurses.

So there I lay in the Emergency/Trauma Department at 1:55 in the afternoon, Tuesday, December 5.

Dr. Andrews calmly and clearly laid out the game plan to Sue and me. I was relaxed and knew all would be OK, thanks to Dr. Andrews's excellent bedside manner.

Oh, and by the way, in less than three days, I'd have my rib cage sawed open, my bloody heart massaged manually, a tube stuck up my penis, a tube shoved down my throat, three chest drains inserted in my sternum, a suppository shoved up my butt—and all before I awakened from my surgery!

FOUR

WHAT A LOVELY DAY TO SAW OPEN A CHEST

I was awakened at 5:00 on the morning of my operation. I must say I slept extremely well the night before. I suppose the sleeping pill had something to do with that, of course. The procedure was to begin in two hours. Everything on my floor was so quiet; things tend to be that way at 5:00 AM.

One of the nurses softly padded into my room. She gave me a Valium as I lay in my bed.

"We're still on schedule." She spoke so calmly. "Just relax for a while, and then we'll take you downstairs."

She left the room as peacefully as she had entered; I lay back, staring at the wall in front of me. It gave me a chance to think—just silly thoughts. Like this is the last morning in my life that my chest won't have a scar on it. And that for the next few months, all I'll have to do is rest and catch up on my movies. (Boy, was I wrong on *that* one!) I was proud of myself that for the last few days, I (deliberately) didn't eat many solid foods. My brilliant plan was to make sure I didn't poop on the operating table while I was knocked out. Yeah, really, that was my plan. I had heard how patients' bowels sometimes just let loose while they're under anesthesia, and I wasn't about to let that happen. First, it's embarrassing; and also, *no one* should have to go through the grossness of cleaning up a mess like that. When I mentioned this idea to Sue a

few days earlier, she just kind of stared at me, her jaw dropped open. “WHAT??” She told me nurses cleaned up messes every day, and that it was nothing to them. Oh, and that I was being ridiculous too.

“Maybe, but I ain’t gonna eat anyway.”

Now that I was satisfied that my bowel situation was under control, I thought a little deeper.

I’m having *open-heart surgery* in less than two friggin’ hours! But I felt soooo ready. I thought of how lucky I was. Everyone was on my side. I had one of the best heart surgeons in the country performing my surgery, a handpicked anesthesiologist to send me to my poop-free dreamland, and the most splendid team of nurses anyone could want. My life was in their hands, and I couldn’t have been more confident. *My* job was the easy one: lie there and let *them* do the rest.

Sue and Tom walked into my room at 6:00 AM. Sue had awoken at 4:30 that morning. My angel of a wife is a worrier. I’m sure I slept better than she had. My brother Tom is a quiet guy and extremely loyal. They both had such serious looks on their faces; I felt sorry for them.

“We can get the train set next Christmas,” I told Sue. For years, I had wanted a train set for under the Christmas tree. This was going to be the year Sue and I would finally buy one and set it up. With what lay ahead of me, I’d have to wait one more year. But that was OK; it gave me something else to live for.

At that moment, Loryn Albano, a nurse at the hospital and a friend of ours, stopped in my room. She had left her floor to wish me luck. Loryn was the one who also suggested the anesthesiologist that I’d be using.

“You’ll do fine,” she told me with a tender smile. She went out of her way to stop in, and it was a sweet thing for her to do. I’ll always remember she did that for me.

Loryn left and Sue asked me, “How ya doin’, hon?”

“Good! I’m ready to go.” I said it convincingly because I really *was* ready to go, and also because I wanted to put Sue and Tom at ease.

Soon an orderly came in with my transport gurney. As I switched over to the stretcher, the orderly covered me nice and cozy with these warm blankets. They must heat these babies up, I remember thinking. No doubt about it. I was about as comfortable as anyone who was about twenty minutes away from getting his chest ripped open could be.

As the orderly pushed me, my stretcher, and my warm blankets onto the elevator, Sue and Tom squeezed in. They would be joined in a little while in the waiting room by our dear, close friends Gary and Nancy Jaworski and Marie Pilz. They'd all take turns making phone calls and trying to keep one another calm for the next six hours. I had asked my brother Bill to go to work that day. I guess I wanted things to seem as normal as possible. Besides, Bill would become a regular, visiting me practically every day after the operation.

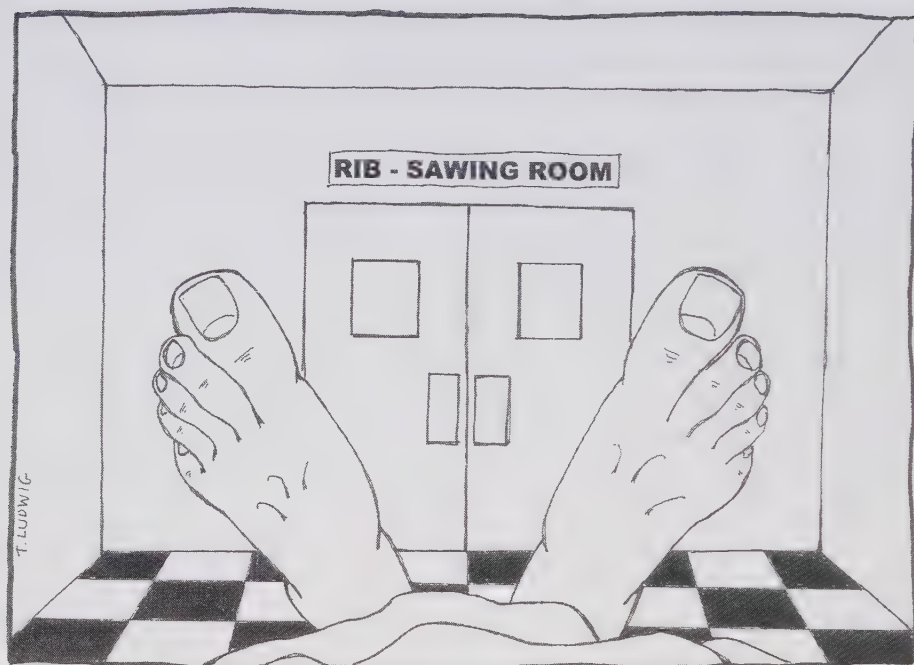
As the elevator doors closed, I imagine we were all trying to act normal, but I don't think we were convincing each other. What used to be a conceptual thought—me having open-heart surgery and maybe dying in the process—was now real, and it was here.

The elevator doors opened, and the next thing I knew, we were outside the doors to the operating room. That was quick! Sue bent down to give me a kiss on the forehead; Tom did the same. It was yet another weird moment. You'd think an "I love you" would have been uttered by at least one of us, but it wasn't. That would've made everything seem too final, I guess. We'd have plenty of time for "I love you's" after the operation.

I had prepared myself the night before to be nonchalant for this very moment, to show everyone that I wasn't worried. But I don't know what happened; I couldn't do it. I lost my composure. I looked up at Sue, and she had tears falling down her cheeks. I filled up. This wasn't going according to plan.

"See ya later," I somehow managed to say. I couldn't have uttered another word.

The foot of my stretcher pushed open the door to the operating room, and in I went.



T. LUDWIG

FIVE

THE OPERATION

The door to the operating room closed behind me. The first thing I noticed was how bright and clean the room looked.

"Good morning!" one of the nurses cheerfully greeted me.

"Good morning," I responded.

"How do you feel?"

"Fine!" I answered confidently. Of course, the Valium from a little while before had something to do with my feeling fine, but I was definitely ready.

Dr. Eric Somberg, the renowned heart surgeon who would conduct the procedure, had his back to me when I was wheeled in. Now he turned around, doctor's hat on his head, hands in rubber gloves, mask on—the whole outfit. He looked quite different from the day before when he had stopped in my room to give me my pep talk, in his suit and tie. Now he was all ready to work his magic.

"How ya doing, Mr. Ludwig?" he asked me.

"Call me Steve," I requested. I figured, let's keep this relationship as friendly as possible, right?

"OK, Steve. All set?"

"All set!"

Don't ask me why the next thought zipped through my mind, but I recall thinking how nice it was for all of them to wake up early for my operation—the doctors, nurses, assistants, Sue, Tom.

Everyone in this operating room, except *me*, knew what lay ahead for me—the recovery, the rehab, the emotional ups and downs, the pain. I suppose they knew these were the last few moments I’d feel relatively normal for the next several months.

Dr. Leslie Weiss-Bloom, an exceptional anesthesiologist, went over to the operating table.

“I hear I come highly recommended,” she said as she placed the plastic cup over my nose and mouth. “I’ll have something to brag to my children about.”

And those were the last words I remember until “How are you, Steve?” in recovery, over six hours later.

So what all did they do during those six hours that I was in dreamland? Well, here we go.

First, they shaved my chest, belly, and legs. Why my legs? Dr. Somberg was going to remove a vein or two from one of them to bypass some of the clogged arteries.

Next, out came the saw. The doctor cut through the center of my ribcage and chest cavity and pulled apart the ribcage, exposing my heart and diseased arteries. The incision went from the very top of my chest to about two inches above my belly button. I remember my friend Jeff Cabrera’s reaction when he and a few of the other guys visited me at home a few weeks later: “Shit, dude, they filleted you!” It’s actually now a very neat, clean scar.

While Dr. Somberg cut open my chest, an assistant was cutting open the inside of my right calf and right thigh and removed this long vein called the saphenous vein. From my opened chest, a left internal mammary artery was also removed.

To this day, I experience slight numbness in both my inside right leg and left breast, but that’s a small price to pay in exchange for being alive, wouldn’t you agree?

While the veins were being removed, metal tubes called cannulas were placed in various parts of my heart—the aorta, the right atrium, and the coronary sinus.

Through these tubes was pumped a drug called heparin to help the blood flow and to keep it from coagulating. (Perhaps if I’d eaten less *cannolis* in my day, I wouldn’t have needed *cannulas* shoved in my heart!) Speaking of blood, throughout the procedure I needed nine separate

blood transfusions to keep me going. So to all those people who donate blood, I say thank you, thank you, thank you! I have adopted my blood type as my mantra to live by: “B positive!”

Once the heparin was introduced to my system (hi, system, nice to meet ya), my heart had to cease beating. Yup, my heart was purposely stopped. I was attached to a heart-lung machine, which temporarily took over the jobs of my heart and lungs. Pretty amazing, right?

As you know, a normal body temperature is around 98.6 degrees Fahrenheit. That’s equal to 37 degrees Celsius. For the next part of the procedure, the team injected a fluid that would help the proper exchange of oxygen and carbon dioxide. This fluid was called perfusate; it had a temperature of 30 degrees Celsius, equal to 86 degrees Fahrenheit. (Where’d those warm blankets go?)

From this point on, the veins and arteries taken from my leg and calf were used to replace the clogged, diseased, useless blood vessels. Some of them were sutured perpendicularly, like the letter *T*, into part of the not so badly diseased arteries. A couple were so badly gone (“intensely calcified”) that they were completely passed over—bypassed. The sutures they used were blue, so they would be easily visible during the actual sewing.

I think now how Dr. Landers said this was a pretty common and routine procedure; I can’t imagine any of this being “common” or “routine,” but I guess everything is relative. Perhaps a few heart surgeons would have a tough time grading some of my students’ essays.

The 30-degree-Celsius temperature was then raised back to the normal body temperature of 37 degrees Celsius. (“Hey, 98.6, it’s good to have you back again.”)

Suddenly, as one of the cross clamps was removed, this “routine” procedure became “unroutine.” My heart began to swell to an abnormal size. There was “aortic insufficiency.” Something was wrong.

Dr. Somberg then literally took matters into his own hands. He held my heart and manually massaged it. He had to decompress and then rapidly defibrillate my heart. Open, close . . . open, close . . . open, close.

Can you imagine? This fellow human being was keeping me alive with his hands. The thought of it is almost surreal. Even today, when I think about that, I just shake my head. It’s incredible to me.

Well, my heart function eventually returned to normal. (Good thing. Otherwise how could I have written this book?)

The rest of the vein grafts were completed. All told, there were five bypasses. A sixth artery could have been tended to also, but it was only 60 percent clogged, so it was left alone. I always feel sorry for that artery number 6; he probably feels left out. Perhaps someday, you too shall be bypassed, number 6 guy, and your worrying will not have been in vein—uh, I mean, *vain*.

Now it was time to start weaning me off the heart-lung machine. To help maintain my blood pressure, an infusion of a drug called Levophed was administered.

Next, the anticoagulated state that my blood was put in at the beginning was reversed. The wires from an outside pacemaker were placed in my heart's right ventricle and right atrium.

I'm told that one temporary chest tube is normal after heart surgery. I hit the jackpot and had three placed inside me: by my lungs, by my chest, and one in the sac in which my heart is enclosed.

Then they realigned my sawed-in-half sternum and sewed it back together with stainless steel wires. These wires will always be inside me. They don't set off airport alarms or anything like that. However, when I'm in a mood, I'll ask an unsuspecting friend to feel a bone at the top of my chest. Afterward, I'll let the friend in on my little secret. The "bone" was actually one of the wires holding me together. "Ewwwwww!" is the usual response. It's great at parties!

Finally my skin was stitched back together on the inside with self-dissolving thread and closed up on the outside with a skin-stapling device—nice, shiny staples down my chest to right above my belly button. My chest looked like a railroad track.

SIX

HEARTACHE TONIGHT

I was wheeled into the recovery room a little over six hours after I was wheeled into the operating room, or so I'm told; I was still so out of it.

The very first thing I was aware of, although quite vaguely, was a woman rubbing my lower back, then gently smacking it a few times, then rubbing it again. But it was all kind of dreamy. I *think* she's smacking my back, but I was so dizzy, so cloudy, so *stoned*:

I *do* know that I was lying on my left side because my left shoulder ached terribly, but feeling as loopy as I did, I didn't care (if that makes any sense); that's how I remember it.

As blurry as my mind was, I could hear the nurse saying something like, "C'mon, Steve, c'mon . . . let go . . . go."

I had no perception of time, but I guess it was a few minutes later that I thought I was in a bathroom. It smelled terrible, as if someone had pooped and not flushed.

I was running a fever when I got to recovery, unbeknownst to me, and it wouldn't come down. So they inserted a suppository up my butt, and it certainly did the trick. As it turned out, that smell was mine. Little did I know that *I* was the "poopetrator!"

That was the clearest memory I have in the early moments in recovery—those poor nurses cleaning me up, the sheets I had unwittingly soiled, the smell of Lysol. But the bowel movement did help bring down my fever.

Even though I could have claimed victory for my plan (technically I hadn't pooped on the *operating* table), this was hardly a moral triumph. Later on, I found out that although Sue and Tom were not yet allowed to actually see me, they were within "smelling" distance. Hmmm, why do I have the feeling they smiled at each other?

Once again, I couldn't tell if one second or a couple of hours had passed when Sue said, "Hey, Lud."

Then I heard a nurse say, "Oh no, he can't hear you. He'll be out till tomorrow." But I *did* hear her. I couldn't say a word because a breathing tube was stuck down my throat. Still, I managed to squirm each hand out from under my covers and gave Sue two thumbs up.

I found out later that the nurse gave an incredulous "What?" when she saw my thumbs sticking out and that Sue, Tom, and Marie (who had accompanied them to recovery) were moved to tears.

I don't remember *anything* after that until I opened my eyes and my thumbs were back under the blankets with the rest of me. I was snug—nice and toasty. The only thing sticking out was my head from the neck up. My face was all puffy from the fluids and stuff pumped into me during the operation. Later on, when I heard this, I asked Tom what I looked like. My wise-guy brother told me to imagine a balloon with a very few pieces of hair on the top. Everybody's a comedian.

I was still in recovery; Sue and Tom were there. I had no clue whether it was still Friday or a week later; it *was* still Friday, about 6:00 PM, five hours after the procedure.

"How ya doin'?" asked the nurse. I still couldn't talk because of the breathing tube.

I nodded, and she said, "Your breathing is good. We're going to pull the tube out of your throat and see how you do, OK?"

Again I nodded.

"Don't bite down or close your mouth until it's all the way out."

I saw Sue flinch.

And with one tug, the breathing tube came right up and out. I didn't feel a thing at first. Then I felt a burning in my throat.

The nurse cautioned me. "Your throat's irritated from the tube. Don't talk a lot. Just say one or two words at a time."

"OK," I whispered in a scratchy response. I couldn't speak any louder. And yup, my throat stung even with the simple OK. I was exhausted; I had no strength whatsoever. I couldn't even muster another thumbs-up.

My reward for surviving this far was a few ice chips. No water allowed yet, just a few ice chips, but they tasted, mmm-mmm, succulent!

Next thing I knew I was awakened from my sleep; I don't recall falling asleep. Sue and Tom were gone.

I had been moved out of recovery and onto the cardiac care unit. The CCU is the same as the intensive care unit (the ICU); the CCU is simply a specific section for cardiac patients in the ICU. Still later I would be moved to the regular cardiac care floor (the cardiac surgery stepdown), but for now it was strictly CCU.

My nurse asked, "Do you want to listen to some music?"

I was afraid to try another OK, so I merely nodded yes.

"Who do you like, Frank Sinatra?"

What generation did she think I was from? Don't get me wrong. I love Sinatra; he's great. But she at least could have moved it up a generation or two.

I then tried my best to say, "Beatles, please."

"The Eagles? Sure we have the Eagles!"

I couldn't even correct her; my throat was inflamed. Luckily for me, I love the Eagles. The Beatles are by far my favorite, but the Eagles would do just fine.

I drifted off again. In my drugged-out morphine stupor, I could hear the Eagles singing just to me, about *my* situation, "This could be heaven or this could be hell"; then "The Long Run" (the suppository, the runs—wow, this morphine works wonders); the "New Kid in Town" (that works, I was just brought to the CCU).

Soon I heard, "Hey, Lud." Sue and Tom were back. I remember hearing "Hotel California" and the others over and over, countless times. The Eagles must've been playing for a couple of hours.

My brother Tom asked, "What's goin' on?"

"Friggin' Eagles." My first real words, and here I was, angry at the innocent Eagles.

"Huh?"

"No, the friggin' Eagles. She kept playin' the friggin' Eagles."

Now I was blaming my poor nurse. All these nurses, having to take crap (literally and figuratively) from me. They are such special people. Whatever they're getting paid is not enough as I know firsthand; don't forget, my wife is a nurse. The horror stories Sue sometimes brings home.

My voice was coming back. You'd think I would have had something nicer to say besides "Friggin' Eagles," right? The morphine was playing with my mind. I was sweating bullets, soaking wet. Yet the nurse, to whom I was just so disrespectful, compassionately patted the sweat from my forehead. Like I said, a special breed of people.

Sue and Tom said they had to leave for the night. In CCU, at least on that night, visits were limited to ten minutes at a time, immediate family only. I checked out the clock on my wall. I saw it, but I couldn't understand it; it wasn't registering. They were just numbers in a circle on the wall. I was too drugged to tell time.

"It's ten thirty at night," Sue said. "See you tomorrow."

She kissed me on my sweaty forehead; Tom wisely passed on the kiss. They left.

Since then, I've had plenty of time to think about my experience. I was so full of painkillers, so morphined out; time stood still for me on that first night—Gary and Nancy and Marie all being there for Sue and Tom, Sue and Tom waking up at four thirty that morning; now it was ten thirty at night.

Soon a nurse went into my cubicle with a drink.

"OK, we're gonna move your head up a little and give you a sip of ginger ale." Sue must have told the nurses I liked ginger ale.

When she mentioned moving my head up, I realized I had been in the same position: lying flat for hours and hours. It seemed as if I hadn't moved a muscle.

Up buzzed the head of the bed.

"Owww! Ow, ooh, it hurts, it hurts." The pain was practically unbearable. My chest was agonizingly sore. The nurse pressed the red button, and in came another nurse, and she stuck a needle in my shoulder. Within seconds, my funky haze got even funkier and hazier. I imagined the morphine floating through my body. I figured Timothy Leary would walk into my room, telling me he's moving my bed to Woodstock, even with the New York State Thruway closed, maaaaaannnnnnnnnn.

The throbbing in my chest was still excruciating, but I didn't seem to care as much. My nurse guided the flexy straw into my mouth, and I sucked down that delicious ginger ale—two, three sips.



“OK, that’s all for now,” she said as she placed the Styrofoam cup down. “Here’s your red button. If you’re in pain, press it.”

The head of my bed was lowered again but not all the way. As it went down, I still ached but could only grunt an exhausted “Ungh, ungh, ungh.”

I was so tired I could hardly speak. “Sorry about the Eagles,” I managed to say.

“What?” She looked at me a little funny.

“Sorry about the Eagles.”

“Here’s your red button, dear.”

As she walked out, I realized she wasn’t the nurse with the Eagles.

SEVEN

MORE, MORE MORPHINE!

I looked up at the clock: 1:30. I was able to understand it this time. I didn't know if it was AM or PM, but judging from the darkness in my cubicle and the quietness of the hospital, I bet on AM.

As I lay in my bed, I decided to try the red button—press. BINGO! A shot in the arm.

Of course, morphine intake was very carefully and strictly monitored by my nurses. The rule in CCU (and later on the regular cardiac floor) was repeated to me many times, “Don't let the pain get ahead of you.” In other words, if I felt pain, my blood pressure would rise due to stress, and that wasn't good. Stress must be kept at a minimum. So they'd rather have me comfortable with a regulated amount of morphine. I must say, though, during the first two nights in CCU, everything was *distorted* at best.

Although the morphine was administered primarily to mask the discomfort from the whole rib-cage-sawed-open-and-splayed adventure, I also felt an annoying bit of pain on the inside of my right leg. Remember they took that long vein out of there?

So every three hours, I would get my shot of morphine. If I complained of pain before the three hours were up, they'd give me a lower dose, and then I'd get the remainder of the dose at the correct three-hour mark. I learned quickly; at about the two-hour-and-forty-five-minute mark of each cycle, I would feel the pang wearing through my body. It invaded me. I would catch myself whimpering.

I don't condone the use of drugs, but frankly, I don't know how I would've made it through those first couple of nights without the morphine.

After a while, I found myself sweating more and more profusely, and the pain would come more and more frequently. This was because they were weaning me off the morphine.

As I continued the psychedelics of Day One, my moaning became louder and louder. A smiling nurse appeared at my bedside.

"Feeling a little uncomfortable, sweetie?"

"Mmmmm hmmm." I'd whine like such a wimp. If I sounded this pathetic to *myself*, what must the nurses have thought of me?

Please excuse me for saying this, but I'd be lying if I said I didn't love the feeling when that morphine entered my bloodstream. I was tripping out, and it was all legal! I'd get buzzed to the point where I could literally lie still, doing nothing, for *hours* on end. I would effortlessly lapse in and out of that surreal edge of slumber. Hey, this is pretty cool, I'd muse; I'm doing absolutely not a single thing, and nobody cares. Yeah, OK sure, I'm sweating my ass off—constant, clammy oozing of perspiration. I'd think things like hmmm, if I tapped my right foot against my left foot, that would exert energy. Nope, nope, can't have that. I'm too comfortably numb.

So there I lay in my bed on this Friday night, tubes coming out from my neck, out from a few inches above my belly button, out from the side of my chest under my ribcage, and out from my penis.

You should have no trouble guessing which tube I found myself obsessing on.

EIGHT

HEY, WHO PUT THIS CATHETER UP MY PENIS?

Even though my senses had by now been dulled to the point where I wasn't sure if I was Steve Ludwig or Ludwig van Beethoven, I *did* manage to focus on something, and I'll try to put this as delicately as possible.

Who in the *hell* put this tube up my penis?

Allow the morphine to do some of the talking for me. "Uh, yeah, hi . . . excuse me. Morphine here. Who said you could go in there? How did this thing worm its way up my urethra? While we're at it, what the hell kind of word is *urethra* anyway?"

OK, thanks, morphine, I'll take it from here.

In one of my, relatively speaking, more lucid moments, the nurse explained to me that I needed a catheter because for a few days, my urethral sphincter will shut down. (Please, don't ask.)

Ohh-kay, too much info already; thank you very much, nurse.

Simply put, my "urination muscles" would be too weak for me to pee on my own for a while.

You'd think that would satisfy the average person and he'd just move on to other things. But the normal person wasn't full of painkillers, lying in a prone position, staring at the wall in front of him for hours at a time.

So now I wondered, how does this tube stay in? I'm telling you, I was way doped up. I had figured there were hooks on the tube and

these hooks had grabbed on to the inside of my shaft. If there was blood in my urine bag, that meant the hooks were digging in deeper and deeper! (Actually, a sort of balloon inflates, and that's what keeps it in place—simple, clean.)

I remember asking the nurse at least twice (although it could've been as many as twenty, the state I was in) if there was blood in my urine bag.

"Nope," I was answered each time (of course not).

Then I'd think the catheter wasn't working correctly. I'd mention it to my nurse and she'd gently press down on my belly, see that it wasn't full, and assure me that all was well.

When I was *finally* convinced that everything was functioning as it was supposed to, I decided to begin accentuating the positive. When my visitors started appearing, hey, I could talk *and* pee at the same time, and nobody would be any the wiser. Neat!

Isn't that a classy way to end a chapter?

NINE

LET'S SHUFFLE WIMPY TO THE CHAIR

That first night after the procedure was, by far, the haziest, most surreal time of my entire hospital stay.

It was 2:15 early Saturday morning, almost a full day since my operation. It was at that time when two of my nurses lost their minds.

They went to my bed and told me it was time for me to walk from my bed to the recliner chair. Huh? I thought I had a few more months before considering actually moving. And how they were going to accomplish this impossible feat was completely lost on me. I couldn't even blink my eyes without fear of my chest staples popping open, and they want to MOVE MY BODY?

I was sure they had the wrong patient.

Does the doctor know they're going to do this? Who gave the OK? I want to talk to my congressman! Who *is* my congressman, anyway?

Are these two even real nurses? Maybe they're a couple of those cheese-eating candy strippers they allow to walk around this joint.

When the nurses positioned themselves on each side of my bed, I knew I was doomed. So this is how I'm going to die: trying to move.

That chair had to be at least *two whole feet* away! But there was no fighting it now. I didn't have the power to resist.

"OK, sweetie, slide over little by little." They were talking nicely because they knew I was going to die; I was on to their little game.

Me? Slide over? I was scared to *breathe* too hard, and they wanted me to slide over.

Somehow I did it.

The nurse on my right side gently slid her arm behind my head. Oh no, what good can possibly come out of this?

"We're going to sit up on three." *WE* are going to sit up on three?

"One, two, three."

I gave my obligatory "ugggghhh" moan. The other nurse swung my legs slowly over the side of the bed.

It suddenly occurred to me that they knew exactly what they were doing. *They* hadn't lost their minds; *I* had lost *mine*.

I relaxed a bit, yet I was pretty sure the step down from the bed to the floor would end my life.

It didn't.

Instead, I was miraculously standing straight up, with each one of these marvelous nurses holding an arm, tenderly yet securely.

"OK, little steps now."

I kind of shuffled two steps, my tubes and intravenous bag following alongside. I sat down in the chair, tentative as ever, positive that everything would splat apart. My nurses placed a blanket over my lap, reclined my chair back a bit, soothing me in the process.

"We'll be right outside." They left, closing the curtain behind them; and there I sat, completely still. Without moving my head, I darted my eyes up to the clock: 2:25. What a traumatic ten minutes!

Sitting in the chair, I was so afraid I'd hurt myself by moving the wrong way. I was convinced that if I twisted the least bit, my staples would come out, the wires that held my ribcage together would shift apart and become misaligned and heal wrong, my stomach and intestines would spill out and drip into my urine bag. While I was at it, I wondered if my visitors would be able to see that bag of pee. Was it hidden? Who cares? I just had heart surgery!

By the way, some friendly advice if you ever have a hospital stay: Leave your pride in the lobby when you first get there. The quicker you learn not to care which parts of your body the nurses see, the more enjoyable the overall experience will be.

Scared to move because of the whole stomach-and-intestines thing, I sat virtually motionless in my recliner for at least an hour. I was perched on a bothersome, wrinkled, overturned part of my hospital gown. But I was convinced that this fold on my butt wasn't anywhere as uncomfortable as it would have been if I had moved to fix the wrinkle.

That's the type of logic I dealt with in those first few days after my procedure.

I eventually was helped out of the recliner with each nurse again grasping an arm.

"Wait, hold it, OK, hold it, wait, it hurts, wait." I moaned and groaned my way throughout the entire twenty-four-inch journey back to bed.

I had hoped to make my nurses' jobs as easy as possible. Sue would come home from her hospital with tales of difficult, uncaring patients; so out of respect for Sue and all the nurses with whom she shares her profession, I didn't want to be one of those difficult patients. I needed to be a good one.

But I knew it wasn't working. I was doing the best I could, but I felt like such a failure. I was so weak, so dependent on my nurses. Without question, now I was most doubtful of my survival than at any other point leading up to this moment.

When my nurses finally put my dopey butt back into the bed, I lay there and looked at the ceiling.

How was I going to be able to do things on my own again, *ever*, in my life? I'd never get better.

I couldn't wait to get into a traditional room on the regular cardiac floor where I could have a phone. I missed talking to my dad. Of course, Sue had been updating him all day with calls to his home down the shore, but I wanted to hear his voice with my own ears. Mom had passed away two years before, but we still had Dad, and I longed to speak with him.

But I couldn't even speak with my own father because of the shape I was in. I didn't want to be here.

Soon enough, I felt that syringe empty its magical liquid into my shoulder; I knew I'd be floating within minutes. The minutes became seconds.

There I found myself again, across the universe, without a care.

TEN

NOT A PAIN IN THE NECK

Having successfully reached the morning after my procedure, it was time to celebrate: a small bowl of oatmeal and a cup of ginger ale suited me perfectly for breakfast. But what about my “dessert”? Nope, no morphine this time; instead I was given two Percocets in pill form. Hmmm, I wasn’t sure I liked this new menu. But it was the only restaurant in town, so I downed the pills. It took a little longer than the morphine, but the buzz *had* returned yet not quite as pronounced and not as potent. So with these Percocets, I would have to face my pain and discomfort and somehow learn to manage the anguish.

The “immediate family only” rule for visits was still in effect. My older brother, Bill, came by as he would practically every day I was in the hospital. He told me that my nephews, Billy and Matthew, would be eager to see me when I got home. We made Christmas Eve (less than two weeks away) the goal to see each other. My sister-in-law Mary Ann called me often on the phone, sending her good wishes and looking forward to Christmas Eve. Tom and his wife, Elizabeth, visited me on that day after the operation too. Elizabeth has a great sense of humor and an infectious laugh. She raised my spirits just by being there. And of course, my sweet Sue was a constant, always checking my hanging medication bags, making sure everything was as it should be.

Today, the ten-minute visit limit was expanded to thirty minutes. That was actually OK with me—a good rule. It gave me a chance to see

my loved ones yet still allowed time for me to rest. A half hour of visiting was about all I could take anyway.

I know I wasn't making much sense when I talked during these visits. The drugs inside me saw to that. I caught my family exchanging those funny glances at each other—you know, the ones that said "Steve's pretty out there." They'd answer with polite yeahs to many of the nonsensical things I'd say. Then I'd look around and notice they'd all be gone. I'd doze on and off constantly.

Time moved oh so slowly in CCU. No TV, no radio—not even the friggin' Eagles!—no nothin'. But I suppose this wasn't as bad as it sounds. I didn't *want* to do anything except sleep, sleep, and sleep some more. I had absolutely no ambition to do anything. Once in a while, some techs would come in and take X-rays and things. There was nothing to do even if I had wanted to. My right nostril bled a bit from the irritation of the oxygen tubes in my nose. But it didn't even bother me—too stoned to care. The only way I'd know if it was day or night was to ask the nurse.

As I lay alone in my zombie state on this afternoon, I pressed the red button and announced to my nurse that one of my testicles ached. These nurses had been through my whole penis catheter bit the night before, so this particular cherubic person who doubled for a nurse assured me everything was fine, that it was almost time for my next morphine shot (they'd alternate between morphine and Percocets). She explained that with the shock to the system my body experienced, I'd be imagining many things that weren't really happening.

Remembering the vow I had made to myself to be the best patient I could, I dutifully lay back and waited for the morphine.

A few minutes later, I convinced myself that my testicle still ached. I thought back to the funny looks that my family gave me earlier in the day when I was making no sense and realized I was *simply* out of my mind.

Finally I was given the next hit of morphine; it didn't help. I pressed the red button again.

"Please, I know I'm a pain, but my testicle is killing me."

"OK, let's take a look." As always, my nurse was so patient with me. She pulled down my covers, lifted my gown, and very calmly took care of the problem.

I had somehow managed to very tightly wind one of the tubes from my catheter around my right testicle! Don't ask me how it got like that.

She unwound the tube. I wasn't imagining it; it was real, and the relief was indescribable. You men reading this understand what I mean. To all my female readers, please take my word for how relieved I felt. My nurse left and almost immediately came back with a Percocet even though I had just received my morphine.

"This will make you feel better." Neither of us needed to say anything else, but as she walked away, I managed a meek "Thank you," to which she replied, "Welcome."

The unit was quiet at 11:30 that night. As I lay with my eyes closed, I praised myself for surviving a long day of shots, blood tests, x-rays, sore testicle, the usual.

I'd hear a few nurses talking among themselves at their desk, laughing quietly at a joke or maybe at a boyfriend or husband story, and think to myself, *I'm in good hands*. You have to surrender yourself completely to these hospital individuals. One of the nurses came in around 3:00 AM and took my blood pressure while I was half-asleep. I'd feel the pressure of the cuff on my arm, hear the *shwoooooosh* of the air being let out, and I'd think, *Mmmmmm, they're taking good care of me*.

ELEVEN

MOM

Sunday morning, my cousin John stopped in to see me. John's been a priest for over thirty years. Talk about coincidence. His mom, Marion (who is not only my aunt but also my godmother), was in the exact, same cubicle a few short years earlier when *she* had heart surgery. She eventually succumbed to her heart disease. Now her godson, Steven, lay here in front of her son.

A couple of years earlier, John had given my mom, Mildred, last rites as she lay in her hospital bed, another victim of heart disease. Just a few quick thoughts about that experience.

I sat there next to my mom's bed, as Father John stood over her, praying. She was comatose. A day later, we took her off life support as was her wish in her living will. My brothers, Dad, Elizabeth, Sue, and I sat in her hospital room, taking turns whispering in her ear, "It's OK, Mom. You can let go now." She was a fighter, my mom. After an exhausting day, my brothers and Elizabeth took Dad home.

Sue and I remained with my mom.

At 3:35 in the morning, my mom's monitor started blinking.

"This is it," Sue whispered. She knew. She had seen it happen to patients in her hospital.

The night nurse went in. "Go ahead, Mildred, let it go."

Suddenly there were question marks replacing the numbers on the monitor's screen. Mom stopped breathing.

And gosh, just like that, my sweet, beautiful mother passed away.

My mom was a huge Yankees fan. Before the Yankees would open a series against each new team, she would call me and ask, "What do we need to do to beat these guys?" And I'd go through both lineups with her, easing her mind why the Yanks were the better team. We even buried Mom with a baseball cap of her beloved Yankees next to her.

Sue and I waited for the doctor to come up to the floor. He examined my mother and pronounced her officially deceased. I called the rest of the family from the nurses' desk to give them the sad news, and Sue and I left.

As we walked past her room and saw her lying in her bed, the staff was already preparing to take her downstairs.

I felt there should be more of a ceremony at times like that, but I guess that's why we have wakes.

So standing in front of me now, on this Sunday morning, was my cousin John. Hey, wait a minute; I started getting some crazy thoughts. He had given my mom last rites two years earlier; was he here now to give *me* last rites? Was the hospital not telling me something? **WAS I GOING TO DIE?**

By now, I'm sure you know it was the drugs playing with my mind again. But as I lay there, my cousin asked if he could bless me. Uh-oh.

However, that's just what it was: a simple, quick blessing. I could tell it wasn't last rites because the blessing was fast. Plus, John wasn't wearing his priest's collar, so it was an informal visit. No deaths today. Before I knew it, he was doing the "In the name of the Father, the Son, and Holy Spirit" deal.

John had a bemused look on his face. Apparently he had been trying to carry on a conversation with me after the prayer, but I wasn't making sense in my responses. I can recall wanting to tell him that I wasn't as screwed up as the drugs seemed to make me, but the drugs made me too screwed up to tell him. A couple of weeks after that, John told me he didn't even think I knew he was there on that day.

The same thing happened when Bill stopped by a little later. Once again, he told me Mary Ann, Billy, and Matthew sent their love; and then he was just gone.

Sue somehow appeared and let me know that they were going to move me out of CCU and onto the cardiac surgery stepdown unit later in the afternoon. How did she know? And then *Sue* was gone.

I learned later on, after I had gotten home, that everyone came to pretty much the same conclusion about those first two and a half days after the procedure: my mind was OUT of it! I can't remember any of them saying good-bye during those days.

One of my nurses gave me the same news that Sue had already given me, that I was well enough (huh? wha?) to go upstairs to the regular cardiac floor later that day. But first they needed to do another angiogram. You know, the thing when they stick the needle/camera in my groin to take pictures of my heart and arteries and veins.

After it, I had to lie flat for five hours as the needle's point of entry needed to coagulate properly. They also said something about if I raised my head before the five hours, I may get a migraine. So as always, I lay. And I sweated and sweated.

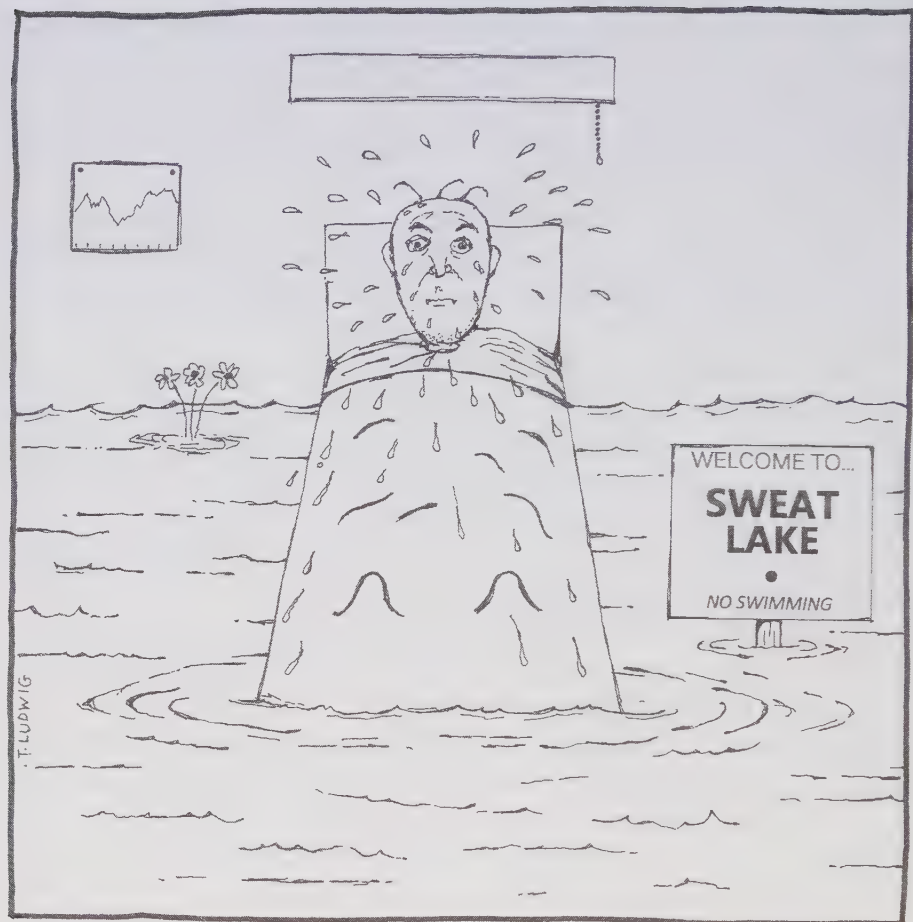
Did I mention that I sweated? Perspiration was literally pouring down my forehead and onto my face. The nurse was constantly patting the moisture away. Ever see those movies when the drug addict's in terrible pain, sweating profusely in bed because he's coming down off his drugs? Well, that was kind of what it was like for me.

My morphine intake had been drastically reduced; it was almost exclusively Percocets now.

As I continued to lie flat, with Niagara Falls streaming down my head, a familiar face peeped around the curtain. It was one of my most cherished friends, Gary Jaworski.

Because I was being transferred to cardiac stepdown that day, close friends were now allowed to visit. You'll recall that Gary and Nancy had spent Friday with Sue in the waiting room while I was being operated on. This day, Nancy was fighting a cold and selflessly felt it was wisest not to go to the hospital.

Shucks, if I'd have known Gary was coming, I would've stopped sweating!



I've known Gary since high school. He's a cancer survivor. He's an inspiration. He refused to believe the cancer would defeat him. He was right.

So Gary has been in his share of hospitals, and they weren't exactly where he liked to be. But he visited me nonetheless. His sons, Brandon and Cameron, two of the greatest guys in the world, had been young kids when Gary had been sick, and they had unpleasant memories of their dad's stay in the hospital.

So imagine how I felt then when suddenly Brandon's face poked from around the curtain. He came over to the bed by his dad. Their two smiling faces made me forget all that was ailing me.

The curtain moved again, and whose face appeared? Cameron's! I laughed, truly laughed, for the first time in I don't know how long.

"Hey, Uncle Steve!" Cameron said.

Sue and I had watched both Brandon and Cameron grow from infants to men. We are all so close; they call us aunt and uncle. As a matter of fact, the whole Jaworski family has always included Sue and me in all their family gatherings; it's that type of relationship.

Now *three* of my favorite people in the entire world stood by my bed. We talked about a few things, and I noticed that my thoughts were more lucid. Perhaps I *was* ready to move out of CCU.

I apologized for sweating so much, and it was time for them to leave. They each bent down to give me a kiss on my clammy forehead.

Gary, Brandon, and Cameron filed out of my cubicle. I thought of how lucky I was to have such extraordinary friends. More of these friends would visit me over the next few days.

It'll be my pleasure to introduce them to you a little later.

TWELVE

BED PAN ALLEY

As my “uneventful” weekend continued on this Sunday, my nurse told me that I would be moved upstairs to the regular heart care floor between two and three o’clock that afternoon, that there’d be a comfy bed waiting for me, and that the coagulating following my angiogram would be complete.

Since that Friday afternoon when a suppository was unceremoniously stuck up my butt to induce Pepe le Poo-Poo to help reduce a fever while in recovery, I hadn’t made number two. I hadn’t felt much like eating since the operation, so not much solid food was in me anyway. The catheter was efficiently taking care of number one.

Mind you, until I got upstairs, I wasn’t allowed to leave my bed. That means, if in the unlikely occurrence of me having to move my bowels, I would have to use a bedpan. I had never used a bedpan in my life, and just the thought of it repulsed me. Having accepted the fact of there being a catheter in my “self,” naturally it became time for me to develop a scatological preoccupation. I still had a few hours before transferring upstairs, so I started obsessing about the bedpan.

At 12:20 PM, my nurse had given me the news that I was moving upstairs; the rumbles in my stomach started at 12:22.

Shit! No! No shit, PLEASE!

What was this, some kind of cruel trick by the gods of CCU?

If you think the morphine gave me the sweats, I was *drenched* from the thought of what these rumbles would lead to.

I was determined to defeat these evil quakes; I could hold it in for another ninety minutes or so, right? I mean, how could I force my nurse the indignity of having to clean my bedpan? Plus, as I was still lying flat from the angiogram, how would I clean myself afterward?

Hey, *I* wouldn't be cleaning myself. The *nurse* would have to clean me—oh no. No way, I couldn't do that to her! (Wait until you hear what happened to me when I got home, but I'm getting ahead of myself. Back to my behind.)

Ninety more minutes. That'll go by fast. The rumbling in my belly was coming faster. Please, no, not this! Less than a minute later, I waxed poetic to my nurse. "I'm gonna need that bedpan. Sorry."

"OK, no problem, I'll get it for you." Her voice was as pleasant as if she were picking daisies for an Easter bouquet. Too bad the aroma wasn't going to be as pleasant as an Easter bouquet.

She handed me the bedpan.

"Uh, I'm not sure how to use it. I mean, I kinda understand the concept—"

Kinda understand the *concept*? Now I'm conceptualizing on crapping in a bowl! I don't know how my nurse felt, but I was getting on my *own* nerves.

She matter-of-factly instructed me, "With your right hand, reach over to your left bedrail and pull yourself onto your side." I shot her a worried look.

"Your puncture wound from your angiogram will be fine," she assured me.

I wasn't as worried about that as I was with my incision and rib cage. I prepared myself for the worst; I expected blood to be spurting uncontrollably from my chest any second now.

I was a helpless mess.

I reached over and pulled on the side rail. Hey! Not bad at all! She placed the bedpan (which wasn't unlike our pug Gem's food dish) under my butt and told me to lie back. I did so, and I must say, it was a perfect placement. The pan was ready to catch anything! And ya know, I like the depth of this thing. I've been told I'm "full of it" many times in my life, but I think we can fit it all in here!

"You haven't eaten much solid food, so you're probably just experiencing gas discomfort more than anything else. I'll leave to give you some privacy."

This nurse surely knew her stuff, but I was sure she was wrong about this. She pulled the curtain behind her. This wasn't gas. I could feel it maneuvering and positioning itself as it moved toward the exit door. Well, you know the feeling.

I wished my cubicle was sound-proofed. This was going to be a bad one.

The moment of truth was fast approaching. It was a-comin' down the turnpike, headed straight for the E-ZPass lane!

OK, dear reader, at this point I'd like to ask for your help. Imagine the loudest flatulence you've ever heard. Now I want you to make the sound with your mouth. I'll give you a minute.

Multiply that noise times ten because that's what it was. The loudest, longest fart ever produced by man. And that's *all* it was—GAS. No bowel movement at all. My perfect nurse was perfectly correct again.

She came back in bravely without a gas mask and never said "I told you so." She simply gently tucked me back in and asked if I felt better after passing the gas.

"Yes, much," I humbly replied.

"I think you'll be getting one last shot of morphine before being transported upstairs."

Could life get any better?

THIRTEEN

DAD

Nice and mellow from my final shot of morphine, I was wheeled onto my new floor, the cardiac surgery stepdown unit.

As they pushed me toward my room, I noticed the hallways were carpeted. This made sense as I read a sign on one of the walls: “Quiet Please—Hearts At Rest.” What with tables, carts, and beds being hustled throughout the unit at all hours, covering the bare floors certainly helped cut down on the noise.

Since after my procedure, I had been wearing these goofy white Alice in Wonderland stockings that came right up to just below the knees. They were tight and were needed to prevent blood clots. My Alice knee-highs were finally taken off once I was in my new room and were replaced with slipper socks—ankle socks with slide-proof soles. They were much more comfortable, and my tootsies could breathe once again.

The first person I called when my phone was activated was my dad. Sue and my brothers had been calling him with continual updates while I was too incapacitated to use the phone. But now, finally, I’d be able to speak to him myself. My dad’s father was named Willie. My dad was William. My older brother was William. One of his sons, my nephew, you got it, was William. In the Ludwig family, where there’s a Will, there’s a way.

During this time, Dad lived alone at his home in Whiting, New Jersey. Sadly, he became a widower when, as I mentioned before, Mom passed away two years earlier.

My dad is a veteran of two wars, having served in the navy during World War II and then in the Korean conflict. He's a great American and an even greater man. I couldn't have asked for a better father.

Perhaps it's his German upbringing, but he tends to keep his emotions in check. He's even-keeled; you always have the feeling that he's holding back things he prefers to keep to himself mainly because he doesn't want to "burden" anyone.

Dad now resides at the Veterans Memorial Home in Paramus, New Jersey, much closer to his three sons; but at that time, my phone call was to Whiting.

"Hey, Daddy-o, it's me. How ya doin'?"

His voice was raspy; I could tell he had started crying (as much as he tried to hide it) as soon as he heard my voice. He answered, "I'm doing fine now that I hear your voice, bub."

Dad had lost his wife, the love of his life, two short years before. Now his middle son had just survived open-heart surgery.

I filled up.

"Well, I just wanted to say hi," I somehow muttered through my own tears.

"OK."

Neither of us could have managed much more.

"Well, I'll call you tomorrow, Dad."

"OK." And with that he hung up.

I hung up on my end too and just lay in bed, staring off.

FOURTEEN

SPOOKY WEIRDNESS

The brief but sentimental phone call with my dad signaled the start of another phase of my recovery.

I was becoming highly emotional. To the point where I was ecstatic to be alive one minute and then suddenly I'd think, "What's the sense of living?" and tears would stream down my face. Once, a nurse walked in on me while I was silently crying. She poured me a cup of fresh water, asked if I wanted a back rub (I declined), and told me to try to get a little sleep.

I guess it was about an hour later when Dr. Head Doctor (I didn't catch her name), whom I hadn't seen before this, came into my room and pulled up a chair next to my bed.

"I just wanted to go over some of the emotions you'll be experiencing during your recovery and rehabilitation."

Obviously, the nurse from before who had seen me crying figured it was time to call in the shrink brigade. Dr. Head Doctor was my shrink of the moment. What she told me was enlightening, and it proved to be true. She explained that not only do open-heart patients go through incredible physical changes, but they are also, at times, emotionally irrational. They suffer depression.

Why this happens to open-heart patients has been debated in the medical field for years, she said. Some experts believe that the heart-lung machine used during the procedure alters the patient's natural chemicals;

others feel that the deep anesthesia given during the operation has a temporary negative effect on the neurological system.

She went on to explain a few of the other hypotheses, but I was sort of drifting in and out of paying attention. When the opportunity presented itself, I asked her how long the depression lasts.

"Usually about three weeks if the patient doesn't have a history of depression." Well, I didn't have a history of that, so it was good to know this feeling would be gone inside of a month.

I thanked her, we shook hands, and she left my room.

That was Sunday night; I guess I fell asleep shortly after she left because the next thing I knew, it was Monday morning and a nurse was taking blood from my arm.

Blood—I saw it dripping down the walls of my hospital room every once in a while, hallucinations from the medication. Sometimes it would drip; other times the walls would look like they were completely painted red. These apparitions only lasted a couple of days, and they were actually pretty neat because I knew they weren't real, yet I knew I couldn't make them go away. It was kind of like my own, personal horror movie!

As I ate a breakfast of scrambled egg whites from my plate, a weird thing happened. I couldn't think of the name "scrambled eggs." I knew I was eating eggs, and I recognized them, but I kept thinking they were called mixed eggs or stirred-up eggs or something; as hard as I tried, I couldn't think of the word "scrambled."

But I didn't panic, because the counselor from the night before mentioned that besides the depression, I would probably also experience slight, temporary loss of memory until all those drugs had left my system. The scrambled eggs were the first example.

A little while after breakfast, my nurse told me that my Percocets would only be brought to me if I asked for them; they wouldn't be automatic anymore.

At about noon on this Monday, I was experiencing pain. But I couldn't remember the word "Percocet"—more temporary memory loss. So I simply asked for "pain medication" and they brought the Percocet. When I needed more, again I couldn't recall its name. This time, though, I called Sue at work and asked her, "What do you call those pills for pain?"

"Percocets?" Sue asked.

"Yeah, that's it. What are they again?"

“Percocets,” Sue answered.

I was starting to forget its name again, so I asked Sue how to spell it. I grabbed a pen and paper, and as she spelled it, I had trouble remembering how to form some of the letters. I had trouble with the *r* and the *s*. (This better be temporary, or else I’ll never be able to write my name again or the word “rabbit.” Of course I could write “bunny” instead, but I digress.) I didn’t tell Sue. I didn’t want to worry her about the memory loss. I found out later that she was expecting it to happen anyway; after all, she was a nurse, and she knew about these things.

Before I hung up, I had one more question for Sue.

“What did you just spell for me?”

“Percocets. I’ll see you after I get out of work.”

FIFTEEN

CATHETER, BE GONE !

Monday night or early Tuesday morning, about 2:00 AM.

I was tired. Being depressed and forgetting things can certainly drain a guy!

But I couldn't get to sleep. I got some good news earlier Monday night that at about 9:00 AM on Tuesday, my penis catheter was going to be removed! Yeah, baby!

Seven more hours and the hooks will release from the walls inside my penis! (I was coming down considerably from my drug intake, but there was still enough medication in my system to make me think the catheter was kept in by hooks.)

My night nurse, Javier, was cool. We'd make dopey "guy jokes" every now and then although I'm not so sure he could understand what I was saying half the time. I often slurred my words—yup, the drugs.

So Javier stood by my recliner (which had become my hangout of choice instead of my bed), taking my blood pressure—again, the gentle whoosh of the cuff and the sound of the Velcro as Javier removed the cuff. How many times had I heard those sounds since I'd been here?

"Blood pressure's fine."

Good. I wouldn't be able to go home if my pressure wasn't stable. It seemed to be rounding into a nice, consistent rhythm.

It was so beautifully quiet in the room. Every so often, my roommate, Tony, would grunt a few snores from the other side of the curtain. I was glad he was getting some rest.

Javier left. He was super. I hope you'll forgive me for constantly mentioning how great all my nurses were, but they were! *They* did all the work; I just had to be lazy (which I became an expert at, I might add).

Although, for the most part, it was peaceful this night, the mellow yellow atmosphere would be broken up by melancholy moans emanating from rooms throughout the ward. If ever you needed to feel compassion for a fellow human being, trying lying in bed in a heart unit about 2:30 AM, and listen to the poor souls wail their way to morning.

Medicinally, everything was carefully calculated. Coming down from the pain pills and being given them at longer intervals now took some getting used to. I was coming to the realization that I was not going to be able to live the rest of my life as a totally stoned undead zombie.

Javier walked past my bed to check on Tony, who was blissfully snoring away. As he walked by my bed, I threw it out there: "Javier, any chance of me getting the catheter out tonight instead of waiting till the morning?"

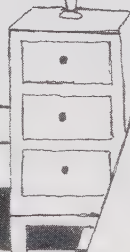
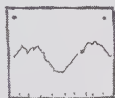
He answered simply, "Sure, let me get the stuff."

COMING OUT SOON:
"THE RELUCTANT CATHETER"

R



TICK...
TICK...
TICK...



T. LUDWIG

And with that, he left the room, obviously unaware of the magnitude of this moment. Within a few minutes, I would be free of this “penile intruder,” this, this “shaft trespasser,” this—well, you know what I mean; I was happy it would be gone.

My hero, Captain Javier, returned, hands fully rubberized, carrying a small bucket. OK, I understand the rubber gloves, but what’s with the bucket? Uh-oh, that’s to catch all the blood when the hooks were removed! I tried to stay cool.

“OK, you’re gonna sit up in your recliner, pick your feet up on the chair, and sit sort of like a woman would for a gynecology exam. Relax and . . .”

(How exactly do you expect me to relax, O giver of penis freedom?)

“Take three deep breaths. On the third breath, you’re gonna take a deeper one, and try to keep breathing in. While you’re taking that deep breath, I’ll remove the catheter.”

Hmmm, I quickly assessed the situation. No anesthesia, so it can’t be too painful. A bucket—there *will* be blood, though. These hooks have to rip out from the inside. This is gonna be a *bloodletting*! And, and, and when this tube comes out, it’ll be followed by an uncontrollable stream of urine mixed with all that blood! And it’ll probably burn. It’s gonna sting like hell! It’s gonna—

“One,” Javier said, unflustered.

Holy Christ, in two more seconds, my manhood would be ripped to shreds!

I feebly tried to count along. I only got the *n* sound to come out for “one.”

I could feel myself wimping out with Javier’s one-two-three. What’s next, our ABCs?

By this time, I could tell that the J-Man was going to be doing the rest of the counting by himself. It’s all you, big guy. I’m too busy being a baby. Ya know, on second thought, maybe it wouldn’t be so bad going through the rest of my life with this catheter in, after all. I could wheel the pee bag alongside me forever.

“Two.”

Mommy! I felt faint. I wasn’t gonna make it. Could I use my final time-out?

The nurse of the damn year instructed, “OK, a nice long three.”

I breathed in through my clenched teeth. As I was still breathing in, I felt an unnatural, yet definitely not painful, sensation of this demon tube being pulled out of me. The whole pulling-out-the-tube-after-three took about four seconds. It was unpleasant only in the sense that it didn't feel normal. The opening on the tip of my penis felt like the size of a quarter. (It wasn't, though. It was normal.)

Guess what. No blood, no urine, no nothin'.

"OK, Steve, you're good to go." (Pun intended?)

He left the room again. I sat in my recliner, alone with my freed penis. Tony had slept through the whole thing. I gingerly felt around down below, over my hospital gown. Yup, it's still there in one piece.

About a half hour later, I had to bother Javier again. "Javier, I think I have to pee."

"No problem. Just stand up and support yourself on the back of the chair. Grab your urine bottle and let it flow, baby."

"Is it gonna burn? Am I gonna pee blood?"

"It'll be fine. You may get a little stinging, but it'll stop. Nothing to worry about." He was so tolerant with me.

I'm such a pain in the ass, I thought to myself. I was dying to ask him why he brought the bucket in before when he didn't use it, but I decided to leave well enough alone.

I almost let the enormity of the moment slip by me; I was about to pee on my own, no catheter, just like a big boy.

Gee, that thing was in me since seven o'clock Friday morning. Friday through all day Saturday, all day Sunday, all day Monday, and into early Tuesday morning.

I stood up, uneasily leaning my side against the back of the chair for support. I held my urine bottle in my left hand; I'll let you guess what I held in my right hand. Yippee!

I looked down at my pal. Hey, wait, something didn't look right. It seems Thumper had shrunk to half its size. It looked like a turtle pulling its head into its shell; it looked like an acorn.

Hey, whatsa matter, buddy? C'mon, you're among friends here.

So I, um, gave him a little stretch.

C'mon, breathe, BREATHE!

And he kinda sprung back to his normal size. Suddenly a stream of urine came out. A healthy, ordinary pee into a bottle. Amazing!

From that moment on, I felt a relative return to normalcy, knowing I could now walk around freely and use the bathroom at my own, free will.

I gingerly yet triumphantly walked my magical bottle of urine to the bathroom, dumped it into the toilet (I was supposed to save it for Javier to check—oh, well, there'd more of where that came from), washed up, and went back to my recliner. As I rested my weary noggin against the headrest, I thought of how I take the simplest things in life for granted, like standing in front of a toilet bowl. What a great feeling.

I felt that I had made a big move to taking my body back. My psyche was improving.

Or so you would think.

I started obsessing on those other tubes going into my body: the tubes by my belly and the halter monitor.

Little did I know I would see and feel things, physically and emotionally, within the next few days that I never could have expected.

But that was for when I got home from the hospital.

SIXTEEN

NO MILK TODAY

I had four different roommates during my days before and after my procedure.

I had a great time on my very first night in the hospital. I guess I was in the “keep an eye on this guy and make sure he doesn’t die before Wednesday’s angiogram” section of the facility, sort of a holding station.

I lay in my bed, the one nearest the door. On the other side of the curtain was my mystery roommate; I hadn’t seen him when I was first wheeled in an hour earlier.

My introduction to him was unique, to say the least. A tall, thin elderly gentleman appeared to my side from around the curtain. He looked at me and gave a pleasant smile and a nod of the head. His hospital gown was wide-open in the back, and his bony butt was exposed for all who cared to see (or even for those of us who *didn’t* care to see).

I said hi and he proceeded to walk directly to my closet and open it up. I simply observed. He looked around in the closet for a second (yes, with the opened back part of his gown facing me) until I asked, “What are you looking for?”

“The milk,” he replied.

Hmmm, should I even bother to tell him that my closet wasn’t a refrigerator, or just go with it? I just went with it.

“No, there’s no milk left,” I told him. “I checked before.”

“Oh, OK.” He closed my “refrigerator” and walked toward the door.

“Well, so long!” he said, cheerfully waving good-bye to me. He walked right out the door.

A few seconds later, a male nurse led the Milkman (uh, not his real name) back to his bed.

As he passed the foot of my bed, Mr. Milk (also not his real name) waved, smiled, and said “Hi!” as if he were seeing me for the first time.

The nurse got him to his bed and left the room. Not thirty seconds later, the Milkman once again walked from his side of the room past my bed. This time, however, he wore his winter coat over his gown. He gave me another wave and smile and repeated, “Well, so long!” and proceeded, barefoot, out the door.

I was chuckling to myself, but I wasn’t sure if it was at Mr. Milk’s antics or imagining the nurses’ faces as they saw him walking out the door again.

Once more, the nurse led him back in, taking off his coat as they both walked past my bed to his side. As he passed, I got the friendly “Hi!”

This happened two more times! Each time I’d get the smile, wave, and the same three words, “Well, so long!” on the way out and the cheerful “Hi!” while being led back in.

The nurse kept apologizing to me each time, but I was smiling wider and wider at the absurdity of it all!

The next day when I was returned to my room after undergoing some tests, I found out that the Milkman had been transferred to another room.

And to think, he never even said “So long.”

SEVENTEEN

MY BEST ROOMMATE

Tony was my roommate for my three nights on the heart unit floor, following my stint in CCU.

He was wheeled in a few hours after I had first been transferred to the room late Sunday afternoon. As he wheeled past me to the window side, he said hey, and I could tell just from that he was a good guy.

Throughout our three days and nights together, we'd commiserate with each other.

He had four bypasses; I had five, so I told him I was tougher. When he told me he was a diabetic, I conceded, "OK, you're the man."

We'd mostly talk through the curtain, but when the conversation turned heavy, he'd pull back the curtain so we could look at each other as we talked.

He asked me if I thought I was going to die.

I said, "Nah, we ain't dyin'."

He replied, "I know WE ain't dyin' because I'm gonna make it. I was askin' about YOU dying!"

And we laughed.

One of the nights, I decided I wouldn't ask for a Percocet to see if I could make it till morning for the first time without pain medication. As I mentioned earlier, at this point the nurses left it up to me to decide if I needed Percocets. Up until now, I hadn't missed more than one cycle of my meds; now I was going to try to make it through the entire night.

Well, about thirty minutes past the usual dose time, I started feeling pain in my chest, enough pain that I began moaning. Now every once in a while, Tony and I would each moan, whether it was from moving the wrong way; or sometimes it would be a “frustration moan.” But this time, my moaning was louder and more sustained than usual.

Tony called over to me, “Ask for your Percocet.”

“No, I don’t want one.”

“Oh, so now you’re a hero?”

My ribcage and chest were so sore—sore from healing. This is healing? Who was I kidding? Stay ahead of the pain! I pressed the red button, and within minutes, I was resting comfortably.

The next morning, I thanked Tony for having my back and talking some sense into me.

“What do I care if you were in pain?” he said. “I couldn’t sleep with all your damn moaning!”

Thanks, Tony.

EIGHTEEN

RULE OF THUMB

Tuesday. I'd be going home tomorrow. I was in a really good mood as you might expect.

At about ten in the morning, a nurse went in to take out the final wire that was inserted in me. This one felt weird coming out. Although it was inserted in the front of me, when it was pulled out, I felt it snaking its way under my skin, from behind my shoulder blades, over my shoulders, and out the front. But that was it: the next-to-last piece of anything that needed to be removed from my body, along with my heart monitor.

The last thing, my staples, would be removed at around noon. Amazing, isn't it, that these staples had only been inserted on Friday and now they were ready to be removed? But that was because there were stitches on the inside that would come home with me and they would eventually dissolve. When each staple was snipped in the middle and pulled out, it didn't hurt one bit, perhaps a little tug, but nothing more than that. After the staples came out, I was told I needed to take two Percocets. So I did.

I now sat there in my recliner. No heart monitor. No staples. No net. I felt a little nervous when my heart monitor was removed a couple of hours earlier, but obviously my heart was beating fine with its new arteries. Still, I remember wondering, how would the nurses know if anything was wrong? I wasn't hooked up anymore, and I wasn't on their monitor at their station. It was about then I realized, hey, I really *am* ready to go home.

“Let’s go try some stairs.”

A young female therapist came into my room. I’d gotten used to more and more hospital types stopping in to talk to me: dieticians, another psychologist reminding me to expect emotional stress at the drop of a hat once I got home. (She told me, “Don’t fight it. Just go with it.”) Other doctors stopped in too—people like that.

So now it was the physical therapist’s turn. She had on your typical crushed-velour, therapist-person, warm-up suit.

Uh, ‘scuse me, I’m kind of comfortable here watchin’ TV. Or didn’t you notice?

That’s what I *wanted* to say.

Instead I let out an enthusiastic “Sure! OK, let’s try some stairs.”

By now I was wearing hospital PJs—cool ones with pictures of Band-Aids, gauze, thermometers, adhesive tape, and all on it. These PJs had replaced my immodest gown ever since my catheter was removed.

We walked to one of the stairways that led to the floor below. I was getting pretty good at walking—walking straight ahead, that is. Bending and stuff were still quite painful.

I had already been doing a little three-step-up-and-three-step-down contraption with no problem. I wasn’t allowed to go one foot per step yet; I still had to do one foot up and the other foot up on the same step and the same on the other side going down.

It was still too much of a strain and a pull on my recently closed chest to do one foot per stair. I’d have to use this method for the first two weeks I was home too.

While walking to the stairs, the therapist told me that a rule of thumb for the first month was that I couldn’t pick up anything heavier than a gallon of milk, nor could I take a bath (a shower was fine) for a few weeks because it was too much of a strain on me to get in and out of the tub.

If I were to philosophize, I’d go on and on about how our bodies are such dichotomies. They are amazing machines, capable of overcoming unbearable trauma and shocks to the system. Yet at the same time, we’re such vulnerable creatures.

But I wasn't there to philosophize; I was there to climb some steps. I decided to leave the philosophy to the philosophers or to the people on morphine. At this stage, I fit into neither category.

I didn't feel I'd have much trouble conquering this whole flight of stairs, and I was right! The therapist coached me well.

"Let's go down the stairs first, slowly, both feet per each step."

I did as I was told. On my way down the stairs, the therapist very casually mentioned "Another rule of thumb is when you can walk up a full flight of stairs, you're ready for light sexual activity."

Uh, OK, not exactly what I was thinkin' about at that particular moment; but hey, *you're* the therapist!

Honestly, I was lucky if I could reach for the TV remote without wincing. I hadn't had a proper bathing since eight days before (very light sponge baths were all I had been given). My perspiring had stopped when the morphine stopped two and a half days earlier, but I couldn't have smelled too hot. Sue had brought me some cologne and deodorant from home, but still—

I wasn't ready for light sexual activity is the point I'm making.

At the bottom of the steps, I turned around. Looking up at a full flight of stairs was a bit more daunting than looking down at one. It seemed like more stairs going up than there were going down.

"Nice and easy, no rushing," the therapist told me in a serene voice. How many times a day must they say the same thing to all of us sad sacks in this joint yet still sound so deeply concerned about our well-being?

So I held on to the banister: left foot on the step, right foot on the same step. After the next two steps, I'd be in uncharted waters. I had yet to climb up four steps since my chest had been filleted—left foot up, right foot up. I shall not be denied, baby! Light sexual activity, baby!

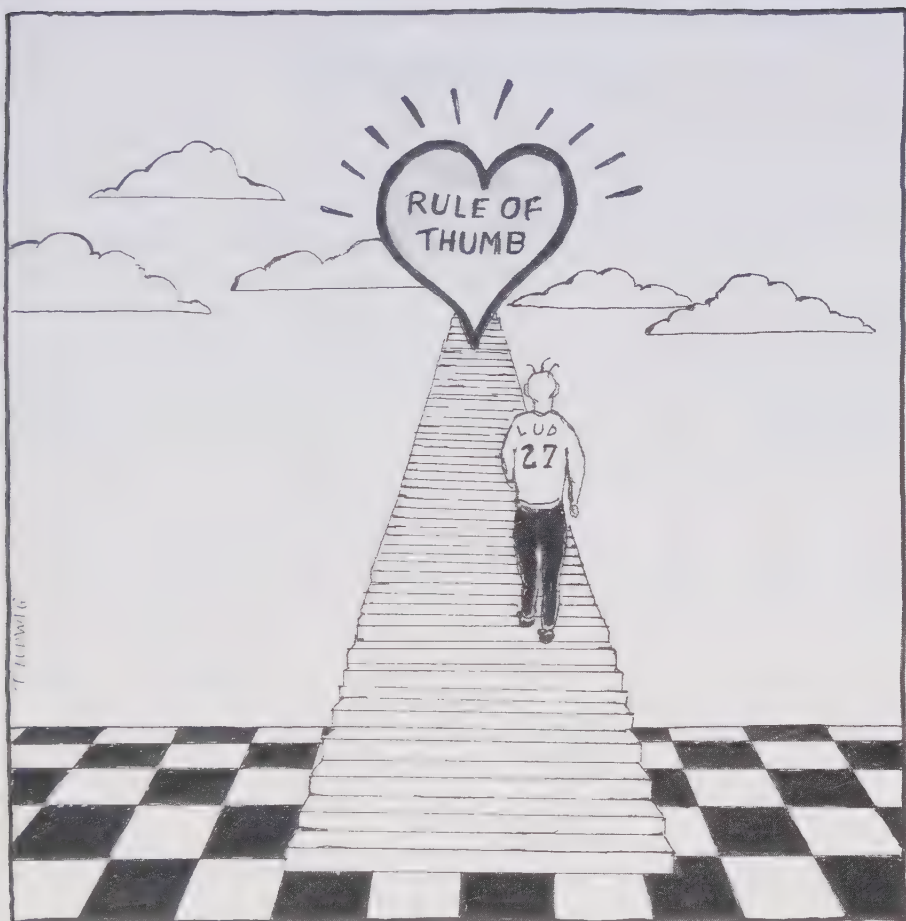
I made it all the way to the top without incident. I scaled Mount Stairway!

"Wow, wonderful!" the therapist said. She's probably going out with her boyfriend tonight, I figured.

"That was great, Mr. Ludwig."

Mr. Ludwig, like I'm *that* old? I just climbed a whole flight of stairs! I'm virile!

"Now, can you see yourself back to your room?" She was writing on her little clipboard, already walking back to the nurses' desk.



Yeah, but what about the light sexual—ah, the hell with it.

I dragged my stupid, sorry ass back to my room. I kept stepping on my drooping pajama legs. I was a mess and totally exhausted.

I carefully got myself back into bed, adjusted the TV to where it had been before Ms. Rule of Thumb had interrupted me a stairway ago.

Reaching for my pitcher of water with the heavy-duty twisty straw sticking out, I noticed two Percocets waiting for me in that beautiful paper cup on my table. Yeah, that's right. Physical activity could cause stress, stress causes pain, stay ahead of the pain. I convinced myself the stairs had caused stress. Gulp! Swallow!

With my head back on the pillow, a few minutes passed, and I felt so grateful for that familiar rush from the Percocets.

Mmmm, I can let the power of the Percs take over. My world was groovy, and everybody in it—family, friends, hospital people—were groovy too. Nothin' was gonna harsh my mellow.

Before I drifted off into one of those peaceful, too-good-to-last-forever naps, a thought, not too groovy, entered my mind:

I realized I was starting to take Percocets even when I didn't really need them.

NINETEEN

A SHAVE, A SHOWER, BUT NO . . .

I had been in a pretty good mood for the early part of Tuesday, knowing I was scheduled to go home the next day. After my stair-climbing adventure and nap (as a result of the Percocet), I woke up in a crappy mood. I don't know why, but I remembered how the psychologist told me to expect these mood swings.

My spirits were lifted quite high when I saw my cousin Christine McCarthy walk in my room. Chris is the oldest cousin. (But she's not "old," OK, Chris?) And she's been a constant in my entire life, as well as in my brothers' lives.

She couldn't have been in my room for more than five minutes when my stomach started rumbling. Believe it or not, I still hadn't pooped since right after the operation; and as you'll remember, I had no choice in the matter. That was Friday afternoon; here it was, Tuesday afternoon. I'd been eating solid food quite regularly during the past two days, but one of the side effects of Percocets is constipation. And I had taken quite a few Percocets! And I had become quite constipated!

So wouldn't a normal person be delighted to know that the rumbles were good? Ah, but my toilet brain was worried about twisting to clean myself afterward; I thought it would be out of reach in my condition. I was, as always, afraid of my scar opening up or my ribcage becoming misaligned as it tried desperately to heal itself back together. I surely wasn't going to ask Chris to clean me; I didn't want the nurse to, so—where the hell was Sue?

I wasn't real excited about putting Sue through the cleaning-me-up part, but hey, what else was I going to do? (Yes, I know, let the nurse do it; but not on *my* watch, Buster!)

Holy smokes, was I feeling lousy, not being able to attend to some simple personal needs.

I called Sue. She was off from work on this day, but she hadn't stopped in to see me yet.

She picked up.

"Where are you?" I asked, obviously annoyed.

"I'm doing stuff. I'll be there as soon as I can." She sounded pretty matter-of-fact about it.

"Doing stuff? I need you to do stuff here!"

I was being a real selfish bastard to Sue. I hung up.

"Can you believe her?" I asked Chris.

Chris just kind of raised her eyebrows. I couldn't tell if that meant she agreed with me, kind of like "Oh boy, I don't blame you," or that she didn't agree with me, as in "You're being a dumb cousin right now."

"I'm sure she'll be here as soon as she can," Chris told me. "Your lunch will be coming soon. I'll let you eat in peace." I'm sure what she really meant was "I'll let you be alone with your miserable self."

She kissed me on the forehead and left. Not one of her most pleasant visits with a cousin, I was willing to bet.

I buzzed my nurse.

"May I have a couple Percocets?"

"How about a Tylenol 3?"

"How 'bout just one Percocet?"

"OK."

The rumbles had stopped.

Sue had told me a number of times to be careful with the Percocets. That didn't stop me from popping the one the nurse brought in. But I do remember thinking, "I've got to stop taking these."

By the time Sue had gotten to the hospital, the Percocet was already working its magic; I was serene. But I'd have to learn to *keep* this serenity without medicating myself. That was gonna be a toughie.

Although like the rest of me, my stomach was now relaxed, Sue still thought it'd be a good idea to try to go to the bathroom anyway. She

helped me to the toilet and then waited outside. But once again, like a couple of days before, it was only gas.

When I got back to my recliner, Sue handed me my electric shaver. She had brought it with her. I hadn't shaved since the morning of the emergency room. I wasn't allowed to use a regular razor with a blade yet because my blood was still a tad too thin, and if I cut myself, who knows how much blood I would spill? It wouldn't be pretty.

But a shave would put me in a better mood. I glided the electric razor over my stubbled face; Sue held a mirror for me.

Tomorrow at this time, I'll be in my own home, I thought to myself. And tonight, my nurse was going to help me take a shower—a real, live shower! The first one since I've been here!

Shouldn't I be happy? A cleanly shaven face, a shower coming up, going home tomorrow—how could I *not* be happy?

But I wasn't.

That psychological roller coaster I had been warned about was definitely operating in full force.



Another thumbs-up two days before I went home

Photo by Carol Toomey



Here I am modeling the latest in sleepwear and open-heart scars,
two days after returning home from the hospital.



From this beautiful leg came one of the veins used for my bypass.

Photos by Susan Ludwig

TWENTY

HOME IS WHERE THE HEART IS

Wednesday—the day I was going home.

That morning, a few hospital personnel stopped in with various things: my list of meds to take when I got home, a proper heart diet, a bunch of exercises I needed to do to make me resemble a functioning human being again, stuff like that.

Sue would be here in a few minutes. I took this opportunity to walk over by Tony's side and say good-bye to him. He had to stay at least a few more days until his diabetic body got back to where it was supposed to be. We had already exchanged phone numbers the night before; I just wanted to shake his hand and wish him luck.

I stepped around the curtain, and he was sitting in his recliner.

"I just wanted to—" And with that, all it took was one look at each other, and the tears started streaming down both our faces. I couldn't speak; Tony couldn't speak. We shook hands; I waved good-bye to him and walked back to my side.

Unless a person's experienced the type of surgery we both had, not to mention sharing our very real thoughts on living and dying, it may be hard to understand how easily you can lose control of your emotions. Separated by our curtain, he sniffed away his tears and I mine.

I regained my composure by the time Sue got to my room.

All I needed now was for the orderly to come with the wheelchair that they insist you sit in so they can scoot you out of the hospital. He finally came, and out of the room we scooted.

As I was wheeled past the desk, everyone gave me big smiles and “good lucks.” When I got down to the lobby, Sue went to get the car, and the orderly stood quietly behind me. I remember thinking to myself, *I’ve really come full circle. Nine days ago I was wheeled into the hospital, and now I’m being wheeled out.*

I was given a pillow to take home with me as do all patients whose chests have been sawed apart. It’s sort of a tradition, so I’m told, for the ride home. The pillow’s about half the size of a regular pillow; it was for me to grip against my chest in case I sneezed or coughed to help alleviate the pain that would come. (Gem [a.k.a. Super Pug] quickly decided the pillow was his once I got home. He still lies on it to this day.)

And man, what *torture* those sneezes and coughs created! Sneezes were worse because you can’t control them, and being it was December, well, who *didn’t* sneeze once in a while?

When I felt a sneeze coming on, it went something like this: “Oh no . . . no”—pillow pulled into my chest—“ah . . . Ah . . . Ahhhh . . . Choooo! Owww! Owww! Oh . . . uggghhh.”

Then I’d gingerly and softly rub my chest, wondering if my guts were spilled all over the inside of my clothes—lungs forcing my newly bypassed arteries to burst apart, intestines squirting out of my body. You remember those kooky thoughts I told you about.

A sneeze (but not a cough) was usually followed by a Percocet; that’s how much pain it caused.

But back to my ride home. Sue told me afterward that the trip home frayed her nerves. She drove, of course; I had to sit in the backseat. I wasn’t allowed to ride in the front seat of a car for the first couple of weeks out of the hospital. Something about if the air bag deployed and hit my chest—well, ya know, Splatter City! So I sat in the back like a little old lady, clutching my trusty pillow to my chest.

Sue did a masterful job of navigating potholes and bumps in the road. Naturally, she asked me every ten seconds, “Ya all right? Ya OK?” I was all right; I was OK.

We pulled up to the front of our house, arriving without incident. Nine days earlier, I had left this house with chest pains; now I returned with *worse* chest pains as a result of them fixing the *original* chest pains. The difference was, these pains would go away; at least, that's what they told me.

As we walked through the front door and stood before the stairway leading up to our place, Sue announced to me with a smile, "There's something waiting for you at the top of the stairs." Uh-oh! Did the physical therapist tell her about the rule-of-thumb, one-flight, light-sexual-activity thing?

I instinctively clutched my pillow to my chest. I wasn't ready for any light *anything*! Did Sue think I was waiting anxiously for that? All I wanted at the top of those stairs were a recliner and six months of uninterrupted sleep!

Sue led the way.

I walked slowly up the stairs—dead man walking—both feet on each step then the next stair the same way. Just like that smart aleck, know-it-all, blabbermouthed therapist had told me.

When I got to the top, Sue lightly took my arm and led me around the corner to the Christmas tree. There, chugging around the bottom of the tree in a perfect circle was a brand-new train! It choo-chooed and smoked its way around and around. It played music! Sue had somehow managed to get me the train set that I had dreamed of!

That was why she was late the day before with my razor. My cousin Christine had known all the while she was at the hospital with me that Sue was out shopping for this train set. But poor Chris couldn't ruin the surprise. And poor *Sue* had to put up with my rotten mood.



As I watched that train roll around the track, I don't know when I had had a bigger smile on my face!

"Do you like it?"

"I love it."

Sue hugged me, and I immediately grunted. That hug hurt.

"Ooh, sorry, Lud. Let's get you to the recliner."

She walked me to "my room," with TV, music, books, and urine bottle along with some Handi Wipes next to the recliner. Being still constipated, all I had to worry about was urinating. I figured I didn't have to move from the recliner for a few days!

I struggled to sit down; it *killed* me. My chest was *so* sore. I sat back, out of breath. There was no way I could've gotten up each time to pee. Good ol' urine bottle, you're my buddy! Can we be best friends forever?

Sue told me that she and her cousin Tommy Lopollo were going to the A&P to pick up a few things, and they'd be right back.

"OK." I managed to sigh. I think I was asleep before Sue even started up the car.

TWENTY-ONE

DROPPING THE NAMES OF SOME GREAT PEOPLE WHO PICKED ME UP

How can anyone be as lucky as I?

I'd like to take a little time now to mention just a few of the so many people who visited me and contacted me, both while I was in the hospital and once I got home.

I hope they didn't feel I ever took them for granted, but first and foremost, of course, is my immediate family: Saint Susan, my wife, went above and beyond what any spouse should have to do; by the way, in a few pages you'll see an example of what I put this poor woman through. It ain't pretty. My dear, loving dad and I talked every day, with this one rule: I was to call him (rather than he call me) because he never wanted to awaken me from a nap or make a bad day worse by an unwanted phone call. But anytime I heard my dad's voice was a good day, so he really had nothing to worry about. My older brother, Bill (and as I've reminded him many times in the past, will *always* be an *older* brother), gave me calls during his lunch breaks and left cool self-made CDs in my mailbox to help pass the time; my younger brother, Tom, who by his chronological placement among us brothers made *me* the "neglected" middle brother, although Bill and Tom swear I'm the favorite son. Anyhow, Tom, in addition to his unconditional love for me, drew the illustrations for this book. Pretty good, little brother.

My sisters-in-law, Mary Ann and Elizabeth, constantly sent their best by way of my brothers, if not by themselves. And my nephews, Billy and Matthew, were always saying hi through their dad, looking forward to when they could get an up-close look at *Le Scar* on upcoming Christmas Eve.

I even got a surprise call from my Uncle Ron, who was Dad's brother, and Aunt Carol in Arizona. Families and friends manage to stick together when it really counts; haven't you found that to be true?

Susie, naturally, was the liaison between my mother-in-law and father-in-law, Sam and Eva DeCaro. Sue also kept my brother-in-law, Larry (Lorenzo!) DeCaro, up on all things about me. Yet Sam, Eva, and Larry all got on the phone numerous times just to hear my voice.

Tommy Lopollo, Sue's cousin, ran endless chores for me while Sue was at work. He worked tirelessly to keep me happy.

My dad has a sister, my Aunt Joan Deevy, who happened to be with Dad, Sue, and me in the hospital two years prior when I learned my mom would, in all likelihood, cease all brain function after her latest health incident. I remember naively asking, "You mean she might not make it?" What was a foregone conclusion to the others came slowly to me. When it hit me, I just filled up with tears, and Aunt Joan lovingly held me in her arms while I wept. No words were spoken; they weren't necessary. So now that I was home and recovering from my heart surgery, Aunt Joan called nearly every single night, giving advice and sending love from my Uncle Jimmy and all my Deevy cousins.

You almost expect the family to be there for you, and boy, were they ever.

And then there were others, none of them my blood relatives, yet I feel as close to them as if we were related by blood.

Sue has a family of cousins, the Ciongolis. They don't all use that last name now, of course, because some are married. Stephanie Ciongoli, a sweet, wonderful person, was the first to visit me in the hospital. Her son, Anthony, who's such a neat-o guy, was with her. I'm sure they were both exhausted from a long day—Stephanie from work and Anthony from school. Yet there they were, visiting me as I was probably a little dopey from my meds, checking on me and sending their love. Stephanie assured me that her daughter, Allegra, who's just as neat-o as her brother, would have been there had it not been for a mandatory school function. I love them for visiting. Christopher, the lone Ciongoli

brother, and Jennifer, another of the sisters, made sure to talk with me often. They easily could've gotten the news from the others, but they were kind enough to stay in touch. And of course, another sister, Bonnie Steward—Bonnie would make sure whenever Sue had to work late, she'd stop by the house, bringing with her homemade soups and food for me, and we'd sit at the kitchen table and talk. One of Bonnie's strengths (and she has many) is the soothing effect she creates when she talks with you. Just when I'd start to get a little jumpy about being in pain or not healing quickly enough, Bonnie would convince me that all would be well. And she was right. As if that weren't enough, I'd get extra support from Bonnie's husband, Tommy (Von Steward), and their super son, Zach. Living hundreds of miles away was another Ciongoli sister, Michele Cassara, who, along with her remarkable son, Christian (whose only notable flaw seems to be that he's a Boston Red Sox fan), sent me countless CARE packages full of DVDs, ties to wear when I got back to school, books, you name it! It was Christmas before (and after) Christmas!

The Ciongoli family has always made me feel like a blood relative, and for that I am forever grateful.

I remember my terrific friends Kathy Lally and Joe Sitty visiting me in the hospital. I can't recall most of what we talked about, but I'm willing to bet Officer Sitty, our school's DARE policeman, threatened to put me in the slammer for all the drugs that were in my system. He finally relented when I assured him they were all prescription. I do know we laughed almost nonstop for close to an hour, and boy, did that feel good!

Then there was another dear friend, Jamie Cunningham, who let me hang on to her arm as she walked the length of the hospital hallway with me—the first time I accomplished that feat. And right behind me during that walk was my pal Gene Walsh, a.k.a. Gino Vino, who had my back all the way.

It was Jamie who, when I mentioned to her the following summer that I wear a T-shirt when swimming so I can hide my chest scar from unsuspecting swimmers, suggested I proudly display the scar as my “badge of honor” and swim without the T-shirt. Well, I still wear the T-shirt; but maybe someday, Jamie.

Monica Coyle and Carol Toomey graced my hospital room with their presence. Carol, one of the nicest people around, brought a camera,

and her picture of me in all my wired-up glory is in this book! I've known Monica since the Seventies, and she's remained as sweet as the day I first met her. Her husband, Tom, often helped me pass the time by talking endlessly over the phone with me about music, of which we shared a mutual admiration.

Then there were Anna Pantoliano and Debbie Ayton—two fellow Beatlemaniacs and all-around special girls. Anna gave me a neat George Harrison-style mini-guitar, which I proudly displayed on my hospital table.

Bob and Paul Jaworski (Gary's older brothers) would call me often even though Gary could have filled them in on my progress. Yet they still took the time out of their day to cheer me up.

And of course, my terrific longtime buddy, Joe Potente, visited me in the hospital; called me; and then visited me once I got home. Joe and I share a love of music and the Yankees (we manage to go to about fifteen games a year). Joe is one of those guys who's always there for you, no matter what. His lovely wife, Laura, was always so supportive whenever she'd call me at home during recovery.

My goodness, once I got home, the love-in continued.

Maryanne Mulvihill (whom you'll remember earlier in our adventure offered to drive me home from school to get to the emergency room) would also bring homemade food, much like Bonnie did, on those days that Sue had to work late and wouldn't be home to cook for me. Then Maryanne would keep me up-to-date on all the goings-on at school.

A few days after I was home, Al Bayley, a friend since my very first days of teaching (and still a friend to this day), and Anna (my fellow Beatlemaniac) helped me down the stairs and out of my house to walk, for the first time, a full two blocks out in the cool December air.

My neighbor Beatrice Barbieri would stop by with Sue's cousin Tommy, and the three of us would hold hands while Bea prayed for my speedy recovery.

Two more of my buddies and fellow teachers, George Clough and Bob Waleck, came by after school one day. Bob, who coaches the school basketball team, presented me with a get-well basketball autographed by the entire team. And in the weeks following George's visit, I would get voice mails from George, stating simply, "Stevie, it's George. Just checking to make sure you're OK."

I don't deserve all this goodness from people.

A group of about ten of us male teachers is in a little club we like to call the He-Men. (Any fans of the Little Rascals will appreciate our club.) Each Easter break from school, we give our long-suffering wives a break for a few days, and we visit a different Major League ballpark to catch a couple of games.

Well, dropping over my house were three of the He-Men: President Tony DeMarco (whoa! The President comes to see *me*); Treasurer and He-Men Trip Planner, Jeff Cabrera; and Ukulele Master, Lloyd Gold. On behalf of all the He-Men, they presented me with a fantastic Yankees jacket emblazoned with all their championship patches. (President DeMarco told me not to send a thank-you note, but he didn't say anything about me writing a book and thanking you guys in the book. So thank you, fellow He-Men!) Then we spent the rest of their visit doing what all true He-Men do—watching cartoons and laughing our asses off.

Add to all the people I just mentioned the innumerable phone calls, cards, gifts; it was all so overwhelming.

How could I not have made it through this?

TWENTY-TWO

SUE GIVES ME THE FINGER

You'll be happy to know my urine flow continued to be regular and wonderful once I was home: number one was a go.

It was number two that was being stubborn. The last time I had had a movement was right after the operation. That was, at this point, *ten days* ago! (Even Beethoven had more "Ludwig movements." Yes, I know, that was my second Beethoven joke.)

There's a word for my condition. Um, let me see . . . oh yeah . . . *constipated!* There's actually a *phrase* for my condition—*really constipated!*

And why so backed up, you might ask? Percocets quite often cause constipation; I had been poppin' them like vitamins! (Why does there always seem to be a hidden price attached to feeling good?) My Percs had put me at a standstill. Granted, I hadn't eaten much solid food in the hospital, but I'd been making up for lost time in these first two days home. Now I understood why I didn't have to poop before being released from the hospital; constipation's to be expected.

On this day, my stomach started feeling incredibly full—uncomfortably so. If you've ever been in this position, well, you know what I mean.

So I went into the bathroom, but nothin'.

My stomach churned—nothin'.

Sweat began pouring down, reminiscent of my morphine sweats. My stomach throbbed; I was in misery with no relief in sight (not that

I'd want to see the results of the relief). I was afraid if I kept pushing, my chest would open up or at least my rib cage would shift out of whack down the middle.

"Sue," I meekly called from behind the bathroom door.

Given the circumstances, I feel I sounded quite sophisticated when I proclaimed to her, "I have to crap, but I can't."

Sue opened the door. There I sat on the bowl, my pajama top soaked from sweat, my legs dripping perspiration onto the floor. She toweled me off.

"I bought some suppositories the other day."

Always the nurse, Sue had anticipated this problem. She started pulling on and snapping rubber gloves. I just stared at her.

"What are ya doin'?"

"I'm gonna put a suppository in."

TIME-OUT!

I decided Sue could save her rubber gloves for another day.

"I'll do it," I announced. My butt, my placement.

Nothing was going right. Everything ached—my chest, my stomach, my butt. I couldn't even take a Percocet for the pain; the Percocets got me *into* this fix in the first place!

I asked Sue, "What do I do?" I mean, I knew you stick it up your butt, but I'd never used a suppository before—never had to. Hey, I've always been a "regular" guy.

"Ya stick it up your ass, what do ya think ya do with it?" Sue was angry, I guess, because I wouldn't let her play nurse.

I stood up.

"Well, give me some privacy."

Sue looked up to the heavens and closed the bathroom door behind her.

I somehow found room for one of them up there. "Now what?" I called through the door.

"Give it a few minutes," Sue called back. Five minutes, ten minutes, nothing still.

"Sue, I really can't take much more of the pain." Yup, I was a baby. She went into the bathroom again.

"I'm gonna have to stick my finger up there and move things around," Nurse Ratched—uh, I mean, Nurse Susan said.

And to let you know how unbearable the discomfort was, I agreed without an argument. On went a new rubber glove with a dash of Vaseline.

Oh, the humanity!

I bent over the bathroom sink, desperate. My chest killed me in this position.

Now I've had physicals before; I've had doctors "rectally digitize" me. (How do you like that one?) But this was NOTHING like I'd ever been through!

Sue got down to business.

"Wow, this is really impacted."

"Could ya just unimpact it and skip the play-by-play!" Maybe she wanted a pith helmet?

I was the one complaining, yet think of what my wife was doing for me!

As Sue continued her probing, I knew that someday, somehow, this moment would "rear" its ugly head. I just never figured *I* would be the one immortalizing it in a book.

"Hold still!" Sue ordered.

Suffice to say, Nurse Susan did the trick. It worked. You can imagine the relief. I felt so much lighter, I thought I might float off the bowl.

In the days that followed, mineral oil and prunes kept things moving along much more easily. In fact, in those really painful moments of my recovery, I was able to take a Percocet or two. But believe me, I had cut back on them drastically.

Another hurdle had been cleared.

But there were a few more ahead.



RUBBER
GLOVES

HOLD
STILL!

Vaseline

T. LUDWIG

TWENTY-THREE

HEALING

I was out of work for a total of three months. During that time, little by little, I healed, but not as quickly as I hoped.

A while ago, I told you about how I, um . . . uh, how I . . . oh yeah, now I remember! How I experienced temporary memory loss! Well, thinking back on this one incident *now* makes me laugh. You might recall I was only allowed to take *showers* for the first two weeks. I'd have to stand with my back to the water spraying down and sort of let the water drip down my head and onto the front part of my body and wash myself with soft soap; bars of soap were too hard and might injure my chest.

Well, one of my favorite things to do is lie in a tub of warm, almost hot water and read. It's really relaxing. And I couldn't wait to get back to doing that.

So one night, I asked Sue, "What do you call it when you put water in a tub and sit in it?"

"Taking a bath?" Sue answered easily enough.

"Oh yeah. How much longer before I can take a bath?"

I couldn't remember that it was called taking a bath. That simple phrase eluded me! That's how weird my memory loss was. When I had to ask Sue that night how to say it, I did get a little concerned. What if part of my memory was gone forever; what if it wasn't temporary?

But my worries were all gone in about a week. After I got the OK from my doc, I could finally "put water in a tub and sit in it."

Before long, I was cheerfully announcing to Sue, "I'm gonna take a bath," with my book in hand.

Once I even mixed up the concept of yesterday and tomorrow. I asked Sue, "What are we gonna do yesterday?"

Like I said, it took everything a while to get back to normal. On one occasion I was watching TV, an old-time game show on the Game Show Network, and one of the contestants won like fifty dollars. I got so overwhelmed that tears *streamed* down my face; they were uncontrollable. I was bawling like a baby. I remember thinking, *She got the answer right. She got it RIGHT!* Only when I started gasping for breath and my chest agonizingly ached did I snap out of it. Get a grip! What's *wrong* with me? I'd ask myself.

It wasn't what was *wrong* with me; it was what was *right* with me. My body's natural chemicals were warding off all those drugs that had invaded my system. My chemical balance was still off and, with it, my emotional balance. Now my body worked overtime to get things back to normal. But still every so often when I'd attempt a little walk to the 7-Eleven a few blocks away, I'd have to turn around and return home because I'd start crying for no particular reason.

Eventually, though, the irrational crying stopped. Now I only cry for appropriate reasons, like when the Yankees lose or if we run out of pretzels.

I'd have to blow into this tube attached to a cylinder and control my breathing so a little plastic ball would stay suspended between two lines on the cylinder (it was simpler than I'm making it sound).

Then there was the period when the funny bone in my left elbow ached nonstop. You know what that feels like, to hit your funny bone and have to wait a few minutes for the pain to go away. Well, this went on, more or less, for five days. Sometimes the discomfort level was worse than that in other times, and it always seemed to be at its worst during the late evening/early morning hours. It became a routine: I'd get out of bed, usually between 1:00 AM and 3:00 AM; get an icepack; hold it to my elbow; and pace in a zombielike state from room to room, whining, too tired to actually cry. I never could have gotten up for work during this period. I'd often sleep till noon just to get in my six or seven hours' worth. I know Sue herself had to pop a few sleeping pills during my "funny bone saga"; I kept her awake with my droning and walking, and

she *did* have to get up for work. (Well, as long as she didn't slam the door and wake me, what did I care? Um, just kidding, sweetheart.)

The elbow ache went away soon enough, but I wondered what had caused it in the first place. As it turned out, it was sort of a suspended reaction to a nerve that had been injured from me lying on it too much at any number of times while in the hospital; remember, especially when I was on the morphine, I would lie perfectly still in the same position for, literally, hours. Who knows what nerves I was pressing against all that time? This elbow pain was nerves mending themselves.

The tip of my left pinky is semi-numb all the time. That doesn't mean you can stick a pin in it and I wouldn't feel it; I'd just feel it less!

There's a section of my left breast that's always numb—where that mammary vein was extracted and used for my heart bypass, remember? But once again, nerves needed to be severed to get the vein. Who cares? I'm still alive and well.

While I'm on the subject of numbness, remember that they removed that saphenous vein from inside my right calf and right thigh? Well, I can feel the thigh part just fine (a thigh of relief), but my inner calf and shin remain numb, but I'm alive.

I had to sleep in my recliner for my first five days home. It had something to do about keeping my upper body almost in a sitting position to help the blood flow and the heart pumping. Finally the day had come when I was allowed to sleep in my regular bed with my wife.

"Hmmm, do I know you?" I asked Sue as I lay down for the first time in almost a week. Maybe I shouldn't have been such a wise guy; I didn't want her giving me the finger again!

I had to stack two pillows up against the headboard to keep my head higher than my chest. I fell asleep pretty quickly that night, what with being in my friendly familiar bed and all, but pretty soon I was having a peculiar dream. I dreamed I was lying in a forest with my mouth wide-open, and some sparrows were plucking at that "boxing speed bag" thing that hangs in the back of the throat, the uvula. Well, in my dream I kept trying to cough the birds out of my mouth, but they kept pecking and plucking away at my speed bag. My mouth was so dry; I couldn't even spit the foul fowl out.

The dream woke me up. In reality, my head had kind of flipped backward, lower than my pillow; my mouth was wide-open, completely

dry; and I was choking. I couldn't breathe! I finally realized what was happening, got slowly and painfully out of bed, drank a huge glass of water, made sure there weren't any feathers in my mouth, and decided to use my alternate sleeping choice, the trusty recliner!

For a while, once I ventured back to the bed, I used a floor pillow, ya know, with the arms and back, propped up against the headboard. Eventually, I aced the art of sleeping just like billions of other people in the world do.

On Christmas Eve, my first big night out since coming home, Sue and I went to my brother Bill's house. My nephews, Billy and Matthew, were there along with my sister-in-law Mary Ann; brother Tom and wife, Elizabeth; my cousin, Father John; and most importantly, Dad. It was a quiet, loving Christmas Eve with all the trimmings. Well, almost all the trimmings.

In one fell swoop, I pulled up my shirt and showed 'em all my gross scar! Yeah, Merry Christmas, suckers! Deck the halls with *this* baby!

Naturally, my nephews thought it was cool. Their mother kept shrieking, "No! No! I don't want to see it! No! Get away!" My cousin John just sat, tranquil, with that bemused smile of his. Tom and Elizabeth laughed, mostly at my gall. My brother Bill was in the kitchen, getting stuff ready; and he yelled in, "What's going on?" My nephew Billy simply answered, "Uncle Steve." Sue hadn't even gotten her coat off yet, and all she could do was shake her head.

And my dad? He had the widest grin on his face as he muttered, "Jesus Christ!"

I decided to lead us in our first carol of the evening: "*O holy night . . . my SCARS are brightly shining.*"

Happy holidays!

Then there were the times, holidays aside, I'd be sitting in a chair or lying on the couch and I'd move ever so slightly and I'd hear a sound from inside by my chest—a scrape, a rubbing, friction type of sound. I knew it was the two sides of my rib cage aligned that were scraping up and down. I had feared this from since I was at the hospital, only now I wasn't doped up from drugs. (Thankfully, I no longer relied on pain medication. They served their purpose, for sure, but they can get a nasty hold on you if you're not careful.) I knew that what I was feeling with my rib cage was real. I know this is an oxymoron (I also know there's a joke in there somewhere), but I *unemotionally* freaked out.

I was convinced things were going wrong, that one of my biggest fears was becoming a certainty: the two sides of my ribcage were misaligned. A quick trip to my cardiologist eased my worries. With the doctor's stethoscope to my chest, I budged ever so slightly and made the scraping sound with my ribs.

"It's perfectly normal and well within the range of when shifting occurs. The two sides of your rib cage are actually settling in perfectly."

So that scraping was supposed to be happening. The ribs were actually settling exactly as they should. I knew by that point I was mending quite well and quite on schedule.

Soon, I was able to get my clothes on by myself and tie my shoes with no assistance from Sue. My doctor wanted me to pick up my walking exercises, but because the December weather was cold, he allowed me to drive my car to the malls and window-shop. Now *that's* what I call a prescription!

I was also given more conventional prescriptions. As you'd probably expect, to this day I take many pills for my ills. When I was younger, I used to make fun of the adults who needed those weekly pillbox things to keep track of their daily doses. That'll never happen to me, I swore. Guess what. I now need *two* pillboxes: one for my AM pills and one for the PM. Between prescribed medications and vitamins, I take eighteen tabs a day: ten in the morning and eight before bedtime. Some of them I take two of, some four. Most of them, as you might expect, promote heart health.

There are a couple of pills I don't take anymore. I used to carry around a little brown bottle of nitroglycerine tablets. These I was to place under my tongue in case I got angina—chest pain. Fortunately, I never felt angina pain after my procedure, but I was curious as to what it would feel like if I took one, so I did a test run. I placed one "sublingual" in my mouth. I got an immediate rush then a tremendous headache, followed by an uncomfortable, almost painful urination. OK, test runs for nitro tabs were finished!

I also used to take Effexor for the depression I experienced after the surgery. I took it even for a bit after I returned to school. I remember that coming off the Effexor was rough; I'd feel dizzy as I cut down the dosage. I recall if I turned my head quickly, I'd still have the image of what was in front of me before my head turn. I didn't stop taking it cold

turkey, though. My doctor cut the dosage little by little, every couple of weeks, until I was off it completely.

These days, my full roster of meds is Cozaar, Lovaza, Zocor, Toprol, Niaspan, Nexium, allopurinol, Ecotrin, vitamin C, vitamin D, vitamin E, and Centrum Cardio.

I still couldn't do push-ups, I still couldn't jog, I still couldn't lift anything heavier than a gallon of milk; but all that would return in good time with my physical therapy rehab sessions, three times a week for six weeks.

The PT sessions were what you'd probably figure they'd be: stationary bike, treadmill, and the elliptical thing that looked like you were skiing. The very first day there, I was asked to walk the length of a hallway and back. They timed me and told me not to rush. They explained that they'd compare the first day's time to my final day's time to see if I improved enough to not have to go to PT anymore. Well, naturally, I walked slower than I actually could. I had to make sure I'd look good on that final day's walk if I was ever getting out of there! But I have a feeling the therapists were used to patients doing that and took that into consideration when making their final determination.

If I ever had the feeling that I didn't need physical therapy, my cockiness was quickly squashed on one of my first days there. There were these three identical contraptions, each that looked like the wheel of a bicycle, with the pedals and all, bolted onto a table. You'd "pedal" the wheel with your hands, using more and more resistance as the sessions went on, and this would build up your chest muscles. Well, on my first try with it, I sat next to this old-timer who was busy pedaling away on his wheel. I'll show *him* who's in shape, I figured. I figured wrong! I couldn't keep up with the old geezer no matter how hard I tried. I sneaked a peek and even noticed he was at a tougher level than I was! I called a therapist over and asked if I was doing it correctly. She checked.

"Yup! Nice job!" OK, now she's just mocking me, I thought. But I learned my lesson quite fast. From that day on, I never took any exercise for granted, and I certainly never tried to trick myself into thinking I was in better shape than I was. I took my PT sessions very seriously.

After the first couple of weeks of the six weeks of PT, I noticed I was, at fifty-two, one of the youngest heart patients there. That

observation taught me another valuable lesson: No matter how well I look after myself, heart disease is in my genes. So why help it along? I try to exercise more regularly, and I watch more carefully what I eat. Of course, that's not to say I'm not above eating a pint of Ben & Jerry's while watching a Yankee game or stuffing my face with pretzels, chips, and onion dip; but I do it a lot less than I used to. After all, a guy's gotta live, right?

Finally, I was given my doctor's go-ahead to return to school. I'd be back in front of the classroom. How would I do? Was there still some unchecked emotion drug in me that would cause me to lose it and cry at the most inane things? If a student gave a wrong answer, would I feel sorry for him and weep?

I felt I needed some counsel before returning. The hospital set up a session for me, and after attending it, I felt confident that I was ready to return.

I was greeted by hugs and kisses from my coworkers in the teachers' room, and the students applauded me as I entered the courtyard. For the rest of the year, both my fellow teachers *and* my students looked after me. My classes were comprised of great bunches of kids to begin with, but upon my return, they were unconditionally respectful, always sure to stay quiet, being certain not to get me upset because "Mr. Ludwig had a heart attack."

I must have told the little darlin's twenty times that I did *not* have a heart attack, but a heart attack sounded better; that was their story, and they were stickin' to it!

And my colleagues have watched out for me from the day I returned. To this day, some five years after my procedure, I still get an occasional "How's the heart, Steve?" These wonderful people are more than coworkers.

They are my friends.

It warms me to know them.

TWENTY-FOUR

ATTEMPTING THE IMPOSSIBLE

I must take a moment to tell you of the fantastic aftercare I received and continue to receive to this day from my cardiologist, Dr. Steven J. Welish.

Dr. Eric Somberg saved my life with the operation, and Dr. Welish has kept me healthy ever since. He's incredibly conscientious; he checks everything so thoroughly and professionally. He makes sure I have regular stress tests, EKGs, and anything else I need. He won't let me leave his office until he's perfectly sure my body's been properly scrutinized. When I *do* leave his office, I feel safe. Dr. Welish has even lifted all my heart restrictions. (Although Sue's still giving me a hard time about skydiving!)

So, Dr. Welish, I thank you for keeping me alive.

Now here I'm left, trying to think of how to confront the toughest part of my heart surgery experience.

How can I possibly show how grateful I am to everybody for getting me through this?

I can't ever express it well enough.

At the top of the list, of course, is Sue. My incredible Susan. She has always been there for me. She has shown me more love and devotion than I'll ever deserve or ever be able to repay.

All the doctors, nurses, *all* the hospital people, and my family and friends, who not only looked after me then, but also even today, five years later, still look after me.

How can I possibly show all of you how I feel about you, what you mean to me?

I know I can't. It's impossible.

A "thank you" or an "I love you" just isn't enough; a hug or a kiss doesn't even begin to show it.

But that's all I can give you, so I'll try my best with what I have:

*Thank you, and I love you all from the bottom of my
healthy heart.*

XOXO

JUST BEFORE I GO

I'd like to say thanks to my wife, Susie-Q. Along with everything else, thanks for answering all my medical questions and for letting me know when I went too far with some of the things I wanted to write. (Hopefully, I snuck a few by you!)

Thanks to Mr. Phil Steinberg, my high school English and creative writing teacher, who encouraged me and helped my love of writing to grow.

To my nephew, Billy Ludwig, great job on the author's picture!

To my other nephew, Matthew Ludwig, thanks for letting me use your brother.

To my brother Bill Ludwig and my sister-in-law, Mary Ann, thanks for letting me use your son. And, Bill, thanks for help with the editing.

To my brother Tom Ludwig, fantastic work on the illustrations! It made the book so much better. And thanks too for help with the editing.

To my sister-in-law Elizabeth, thanks for giving up your husband for a while so he could illustrate the book.

To Dad, I don't know how it's possible, but we've grown even closer with each passing day. I love you. Thanks for always telling me how much you were looking forward to reading this book. Hope you enjoyed it!

To Mildred Rose Ludwig (Mickey), my mother, you will live forever in our memory. I know you're up there, smiling. And hey, Mom, I FINALLY WROTE MY BOOK!

Steve Ludwig
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See You In CCU — A Lighthearted Tale Of My Open-Heart Surgery is the true story of open-heart surgery survivor Steve Ludwig's harrowing ordeal. Told in witty, pun-filled yet poignant style, it is an inspiring account of one man's triumph over heart disease.



Photo by Billy Ludwig

Author Steve Ludwig (pictured with his wife Sue) has been a teacher for over thirty years. Ludwig likes the Beatles, the Yankees, and horror movies. SEE YOU IN CCU is Steve's first book, and he hopes his open-heart surgery is his last.

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